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Annual report of the Executive Director: progress and achievements against the medium-term strategic plan

Summary

This report covers progress made during 2006, the first year of the medium-term strategic plan for 2006-2009 (E/ICEF/2005/11).

* E/ICEF/2007/8.
Note: This document was submitted late due to the need for internal consultations.

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Introduction

1. This report describes major initiatives taken and progress and results achieved in 2006, the first year of the medium-term strategic plan (MTSP) for 2006-2009. Results and analysis are presented in a framework which reflects the strengthened emphasis by UNICEF on support, through effective partnerships in five focus areas, to the Millennium Development Goals and the child-related commitments of the Millennium Declaration. UNICEF is also implementing a series of cross-cutting strategies to sharpen the effectiveness of its partnerships and operations, grounded in human rights-based approaches and gender equality, and reflecting United Nations reform efforts, results-based management, knowledge generation, the more systematic use of evidence, performance monitoring and operational effectiveness.

2. In tandem with the milestone publication of *The Lancet* series on child survival, major initiatives by UNICEF during 2006 included intensified, integrated approaches to the delivery of high-impact interventions for health and nutrition, closely linked with water, sanitation and hygiene (WASH), child protection and the fight against HIV/AIDS. UNICEF increased efforts to support the scaling-up of community-focused, evidence-based approaches, mobilizing all country Representatives and offices in Africa to this end. The potential for success has been demonstrated by the Accelerated Child Survival and Development (ACSD) programme and the widespread adoption by many countries of Child Health Days/Weeks, delivering multiple interventions to children and families in an effective manner.

3. There have been major successes in reducing the global toll of deaths related to measles (an estimated 75-per-cent reduction in Africa) and neonatal tetanus. Some countries have significantly reduced the prevalence of HIV. The new cluster approach to emergency response coordination has been tested and implemented for water and nutrition, under UNICEF leadership. UNICEF is also co-leader in the areas of protection and telecommunications and highly involved in emergency responses in health. Schooling opportunities have been widened and restored more systematically in and after emergencies, with more carefully planned initiatives to reduce the cost of basic education for poor families and back-to-school campaigns. These were clear improvements in the protective environment for children in many countries and UNICEF helped to raise awareness through support to the United Nations Study on Violence Against Children. UNICEF accelerated its support to data, research and analysis on the child-related Millennial Goals and other issues affecting the rights of children and women for policy advocacy and use by national decision makers, including through widespread assistance to household surveys and national databases.

4. A range of new challenges has become more evident, including weaknesses in the design of sanitation programmes; the effectiveness of some interventions in response to the 2005 Indian Ocean tsunami; and problems of school retention following expanded enrolment. Access to antiretroviral (ARV) therapies for mothers and treatment against infection in young children continues to lag, including among populations most affected by HIV/AIDS. Much remains to be done to scale up the use of tested interventions for dramatic improvements in child survival and in strengthening national capacities to deliver and sustain these efforts. UNICEF programme cooperation and procurement services have a critical and strategic role to play in helping countries in their efforts to expand coverage and achieve results.

5. Innovations in this first year of the new plan period included the introduction of new indicators for assessing progress, results and organizational performance. A revised coding system for programme expenditures introduced in 2006 is believed to have led to understatement of estimated assistance in the area of HIV/AIDS and children, due in part to lack of experience in the use of codes and to attribution of some AIDS-related expenditures in other focus areas. Similarly, expenditures in the area of policy advocacy may have been overstated.

6. Efforts to achieve greater United Nations coherence are underscored throughout this report, including the greater use of joint programmes and other new modalities. At the same time, the comprehensive Organizational Review now under way, supported by other studies and evaluations, was a major effort to diagnose the strengths and weaknesses of UNICEF and identify strategies for increased effectiveness as a partner in achieving results for children. Most indicators of programmatic and operational management effectiveness showed continued improvement during 2006. The growth in UNICEF income was also sustained, with a low but somewhat improved ratio of regular to other resources.

I. Status and trends against key result areas in the 2006-2009 plan

A. Focus area 1: Young child survival and development (Goals 4, 6 and 7)

7. Coverage rates for several key child survival interventions have shown positive trends. Some 113 countries reached the target of 90 per cent coverage for three doses of combined diphtheria/petussis/tetanus vaccine (DPT3). UNICEF procured and delivered almost 25 million insecticide-treated nets (ITNs) and 68 countries have adopted policies for effective anti-malarial drugs. Global vitamin A coverage continues to improve and greater emphasis is being given to therapeutic feeding for severe acute malnutrition, including through community-based approaches and the use and local production of ready-to-use therapeutic foods. The cluster system for emergency response became fully operational, with UNICEF leading the WASH and nutrition clusters and contributing to the health cluster.

8. At the request of the African Union, UNICEF, in partnership with the World Bank and the World Health Organization (WHO), drafted a joint strategic framework for reaching the Millennium Development Goals on child survival in Africa. Together with the Government of Norway and *The Lancet*, UNICEF hosted a child survival symposium with the Heads of State of Afghanistan and Madagascar. UNICEF also supported the Government of Pakistan in organizing the second ministerial conference on sanitation. Through partnerships such as the Global Alliance on Vaccines and Immunization (GAVI), UNICEF has pursued a more integrated approach to programming.

9. A meeting of all UNICEF Representatives in sub-Saharan Africa was held in November 2006 to share good practices and lessons learned from the ACSD programme and other integrated community-based initiatives, and to build momentum towards reaching the health-related Millennium Development Goals.

10. Major challenges remain. Only around one third of children are exclusively breastfed, coverage of cotrimoxazole prophylaxis for children who have been exposed to HIV is less than 5 per cent and rates of access to key maternal and newborn interventions are low. More work needs to be done to integrate interventions, taking advantage of synergies and strengthening health systems.

11. Africa remains a critical focus for achieving the health-related Goals. More focus should also be given to countries in transition and countries with weak capacities. Accelerated progress is also needed in parts of Asia. In other regions, emphasis will be on countries with high mortality rates or where national progress masks marginalized populations. In 2007, analysis of the latest round of multiple indicator cluster surveys (MICS) and Demographic and Health Surveys (DHS) will help to inform programming and lead to better targeting of the significant resources invested in this focus area.

1. Key result area 1: Scale up high-impact health and nutrition interventions.

Estimated 2006 programme assistance: $588 million

12. Coverage for DTP3 is the critical indicator for performance in routine immunization and is often considered a good indicator of the quality of basic health systems. Based on 2005 UNICEF and WHO estimates, DPT3 coverage rose to 78 per cent globally and 75 per cent in developing countries, each five points higher than in 2000. An estimated 28.2 million infants worldwide were *not* reached with DTP3 in 2005, 75 per cent of them in just 10 countries.

13. UNICEF in 2006 supported national routine immunization programmes in all countries with high child mortality rates and/or with large numbers of child deaths. UNICEF advocacy also helped to leverage new government funding for immunization, and technical support helped national partners with their proposals and reporting to GAVI.

14. Some 113 countries achieved the target of 90 per cent or greater national DTP3 coverage in 2005, compared to 102 in 2004. Sub-Saharan Africa continues to make steady progress, increasing from 63 per cent in 2004 to 66 per cent in 2005. Coverage in South Asia was 65 per cent in 2005. At the subnational level, strategies have been developed to improve immunization coverage in low-performing districts through the "reach every district" approach. Only 30 countries reported 80 per cent coverage in fewer than 50 per cent of their districts or administrative units in 2005, compared to 58 countries in 2001.

15. Measles-related deaths have fallen by an estimated 60 per cent worldwide from 1999 to 2005, a major public health success. In Africa, the progress has been even greater, based on the commitment and resources of national Governments and support from the Measles Initiative, spearheaded by UNICEF, WHO, the American Red Cross, the United States Centers for Disease Control and Prevention and the United Nations Foundation. UNICEF contributed to national, subnational and catch-up campaigns, to routine monitoring systems and to emergency campaigns in response to outbreaks and among displaced populations. In 2006, more than 220 million children were vaccinated against measles with support from the Initiative. Preliminarily data suggest that the lives of an additional 90,000-100,000 young children were saved.

16. In 2006, 22 countries conducted tetanus toxoid supplementary immunization activities, which focused on some 11.5 million women of child-bearing age for the first dose and another 29 million for the second and/or third dose. Ten counties and seven states in India have eliminated tetanus since 1999 and 12 additional countries claimed elimination in 2006. Preliminary WHO estimates show a reduction in neonatal tetanus deaths from 200,000 in 2000 to 150,000 in 2004.

17. Some 1,979 cases of polio were reported in 2005 and 1,997 in 2006. The number of polio-endemic countries was reduced from six to four when both Egypt and Niger successfully stopped all endemic virus transmission. UNICEF, working closely with WHO and other partners, helped to develop innovative service delivery systems to address refusal of polio vaccine in some areas. The geographic spread of virus reservoirs was tightly restricted in all four of the remaining endemic countries (Afghanistan, India, Nigeria, Pakistan), giving a strong foundation for stopping polio transmission in every country by 2008.

18. Delivery strategies that integrate immunization with other health and nutrition interventions are contributing to community participation and to reaching more children in a cost-effective and equitable manner. With the phasing out of polio campaigns, integrated measles campaigns have provided such opportunities. Most countries in Africa and many in Asia now conduct regular Child Health Days or Weeks to boost the coverage of vitamin A and usually add such other interventions as immunization, deworming, growth monitoring, ITN distribution and health and nutrition education. Although these activities require well-coordinated planning and logistics, they have continuously achieved the highest vitamin A coverage rates.

19. The most recent data indicate that approximately 190 million children received at least one dose of vitamin A in 2004, representing steady progress and reaching global coverage of 68 per cent. Children in least developed countries (LDCs) benefited most, with estimated coverage of 75 per cent. Coverage with the recommended two annual doses has improved dramatically: in 1999, just 16 per cent of children in 103 priority countries received two doses, against 58 per cent by 2004.

20. UNICEF supported national vitamin A programmes by distributing 641 million capsules to 75 countries and through awareness-raising and support for food fortification, policy development and integration of supplementation into routine delivery systems. The Micronutrient Initiative and the Canadian International Development Agency (CIDA) continued to provide in kind-assistance of over 616 million vitamin A capsules and funding to support scaling-up of programmes. Post-partum mothers also received vitamin A but efforts were less successful than for children.

21. International support for malaria control has increased substantially. The United States President's Malaria Initiative and the World Bank's Booster Program expanded financial support, and the Global Fund to Fight AIDS, Tuberculosis and Malaria and other donors continued to provide support. In 2006, in addition to supporting capacity development among health workers and communication at community level, UNICEF procured 25 million ITNs, the majority of which were distributed as part of integrated child and maternal health programmes, including antenatal care. Recent household surveys are expected to show significant increases in ITN coverage in many countries. Some countries with new coverage data, such as

Togo, have already shown remarkable progress. A number of other countries have greatly increased the number of ITNs recently distributed.

22. Of some 68 countries that have adopted policies for artemisinin-based combination therapy (ACT) for malaria treatment, 42 are deploying these essential medicines as a first-line treatment, making this the most rapid treatment policy change ever seen in malaria control. The high efficacy of ACTs makes them a cost-effective strategy for malaria control. Significant price reductions were seen in 2006 and UNICEF procured nearly $15 million worth of ACTs. Assistance was also given to the training of health workers and the development of ACT roll-out plans.

23. Although cotrimoxazole prophylaxis represents a simple, cost-effective intervention for HIV-exposed children, global coverage is even lower than for paediatric anti-retroviral treatment (ART). Since 2000, the body of scientific evidence has grown on the effectiveness of cotrimoxazole in reducing morbidity and mortality among HIV-infected individuals. WHO issued new guidelines in 2006 to facilitate wide-scale implementation. UNICEF is working with national partners on acceleration efforts linked to other child survival interventions.

24. The ACSD programme supported by UNICEF and other partners in West Africa continued to provide an important model for integrated community-based programmes.[1] An external evaluation commissioned by Johns Hopkins University is due to be completed by end-2007. Preliminary conclusions suggest that the strengths of the programme include its community-based approach, emphasis on capacity-building, supervision and monitoring, the enhancement of existing interventions, and effective advocacy and national policy uptake of ACSD strategies. Weaknesses that need to be addressed include stock-outs of commodities, lack of sustainable funding and the motivation of community health workers.

25. Building upon initial lessons from this and other large-scale integrated programmes and following the meeting of all UNICEF Representatives in Africa, UNICEF country offices have developed nationally endorsed analyses and specific outputs for: scaling up work on health-related Millennium Development Goals, including for reduction of child and maternal mortality; expanding the evidence-base for integrated community-based programmes; measuring results; and strengthening programme communication and partnerships.

26. These plans emphasizing the recognition by national partners of challenges in child and maternal nutrition, WASH and HIV as an integral part of national planning for child survival. While the initial focus is on Africa, it will be expanded in 2007 to South Asia and other regions. These efforts seek to translate the MTSP and its health and nutrition support strategy into national plans, taking into account differing national contexts.

27. UNICEF country offices indicated that in 2006, just over one third (47 of 134) national medium-term expenditure frameworks or equivalent national budget plans included quantified targets for scaling up high-impact health and nutrition interventions. These were partially present in 28 other countries. The percentage was highest in South Asia and lowest in West and Central Africa.

[1] Currently, a total of 11 countries are implementing ACSD, with four implementing a full set of high-impact interventions. In 2007, ACSD is expected to increase in scope and coverage in these 11 countries and similar integrated approaches will be scaled up elsewhere.

28. An estimated 17 countries are implementing a sector-wide approach (SWAp) to health, 14 in sub-Saharan Africa. National health policies and guidelines were revised in 2006 in Malawi, Mozambique and Zambia to incorporate improved practices for newborn care. UNICEF in Eastern and Southern Africa has used an evidence-based strategy on maternal mortality reduction to promote policies and investments in some 16 countries for scaling up interventions for newborn children.

29. National-level assessments of emergency obstetric care were important for advocacy and mobilizing additional resources for tackling high rates of maternal mortality, particularly in Eastern and Southern Africa. Joint United Nations programmes focusing specifically on Millennium Development Goal 5 were developed in Bangladesh, Yemen and Zimbabwe.

2. Key result area 2: Improved family and community care practices that impact on young child survival, growth and development.

Estimated 2006 programme assistance: $65 million

30. Seventy-one per cent of households in the developing world now consume adequately iodized salt, with approximately 82 million newborns protected from learning disabilities caused by iodine deficiency disorders (IDD). Some 33 countries have achieved the goal of more than 90 per cent of households consuming iodized salt. New policy commitments in Ethiopia and India provide opportunities for further progress. Strong partnerships with the private and various government sectors have proven essential for success in IDD elimination.

31. The role of community health workers has taken on new importance for many countries, aiming not only to bring services closer to communities, but also to help families to improve care practices for pregnant women, newborns and young children. Communication for behavioural change is important for promoting improvements in many home practices.

32. The new Strategic Guidance Note on Newborns prepared by UNICEF and Save the Children was used by numerous countries to help design strategies and interventions. Indonesia, Nepal, Somalia, South Africa, Uganda, the United Republic of Tanzania and Yemen introduced plans for a new approach to home-based post-natal visits that aims to support family practices for newborn care.

33. Only some 36 per cent of infants in the developing world are exclusively breastfed for six months. Only 29 of 128 countries with available data have exclusive breastfeeding rates over 50 per cent. Although most infants are breastfed, water and complementary foods are often introduced at very early ages, putting children at greater risk of poor growth and development.

34. Plans for a communication strategy focused on "no water" were initiated in many countries in West and Central Africa in response to consistent patterns of giving water before age six months. Rapid increases in exclusive breastfeeding rates have been registered in several countries with community support networks and vigorous media campaigns. Other efforts for improved infant and young child feeding supported by UNICEF in 2006 included the Baby-Friendly Hospital Initiative and implementation and monitoring of the International Code of Marketing of Breast Milk Substitutes. UNICEF also assisted in updating the United Nations guidelines on HIV and infant and young child feeding on the basis of new evidence.

35. Countries have been encouraged to review their efforts to improve home practices related to diarrhoea management and seeking care for and treatment of pneumonia. New recommendations have been issued by WHO on adding zinc to the treatment of diarrhoea along with increased intake of home fluids and use of a new formula for oral rehydration salts. Uptake started in 2005-2006 with increased advocacy by UNICEF through the Zinc Task Force. A number of countries have changed their policies and ordered zinc supplies.

36. Between 2005 and 2006, the estimated percentage of families reached through good parenting programmes rose from roughly 28 to 32 per cent, with the highest coverage in the Latin American and Caribbean and East Asia and Pacific regions. There is still an urgent need for expansion of such programmes, incorporating locally adapted communication strategies for reaching families and communities. Local religious leaders have been successfully engaged, for example through discussions of young child care in Islam. The use of gender analysis to identify challenges in family and community care practices also needs to be increased.

37. In response to high rates of childhood accidents and injuries in some countries, as envisaged under the MTSP, UNICEF is supporting a range of interventions including advocacy and technical support for regulations on child safety, pilot initiatives to prevent injuries and surveillance systems, for example in China and Viet Nam.

3. Key result area 3: Increased access to, and use of, safe drinking water and basic sanitation.

Estimated 2006 programme assistance: $209 million

38. In 2006, UNICEF supported WASH interventions in 93 countries, including most LDCs. UNICEF was often among the leading external cooperating partners for rural water supply and sanitation. Interventions varied from comprehensive support to national programmes and assistance in emergencies to activities focused on schools and other specific areas. New comprehensive programmes are being established with UNICEF assistance to pursue Millennial targets in priority countries and ongoing programmes are being scaled up elsewhere.

39. Following the second regional ministerial conference on sanitation in South Asia, all countries in the region now have sanitation policies in place and are starting to allocate more resources. The community-led "total sanitation" approach, promoted by the World Bank's Water and Sanitation Program, UNICEF, WaterAid and other partners, is rapidly increasing its coverage, notably in India. Data from the WHO/UNICEF Joint Monitoring Programme indicate that five of the ten most populous developing countries are on track to meet the sanitation target.

40. As water supply coverage rises, issues concerning quality are increasingly a concern. Excess arsenic and fluoride in drinking water now affect people in over 40 countries in Asia, Africa and Latin America. UNICEF is supporting efforts by Governments and non-governmental organizations (NGOs) for arsenic and fluoride delineation and mitigation, including mass testing of wells and mapping and providing alternative safe water supplies. National water quality guidelines and strategies are being developed by many countries.

41. Microbiological quality in homes is being addressed through the promotion of safe storage and treatment of drinking water and of household rainwater harvesting.

Point-of-use water treatment is being promoted in Africa, Asia and South America, including in emergencies, with strong private sector support for product development and marketing. UNICEF-supported initiatives in the Lao People's Democratic Republic, Malawi and Sri Lanka are helping families and communities to control bacteriological contamination of their own water sources.

42. National agencies, assisted by UNICEF and partners in the Guinea Worm Eradication Programme, including the Carter Center and WaterAid, refocused rural water supply interventions in Ghana and southern Sudan on guinea worm endemic-villages. March 2009 has been established as the global target date for ending transmission of guinea worm disease, which remains prevalent only in nine sub-Saharan African countries.

43. In many countries in sub-Saharan Africa, UNICEF supported initiatives to prevent or control cholera or acute watery diarrhoea, seeking to improve national preparedness capacities and responses for the immediate control of any outbreak. UNICEF has strengthened its work with Governments and WHO, seeking to stop cholera before it starts. Emergency responses were supported in Angola, Democratic Republic of the Congo, Ethiopia and Sudan. Cholera contingency plans are credited with reducing cases and deaths in these and other countries.

44. UNICEF continued its support for low cost-water supplies and sanitation for rural communities in many countries, including as part of recovery efforts following the Indian Ocean tsunami. Direct UNICEF support for reconstruction and emergency response resulted in millions of people gaining access to safe water and sanitation in 2006, including roughly 1.8 million in Ethiopia, 1 million in Sudan and 500,000 in Democratic Republic of the Congo. In Iraq, various rehabilitation projects supported during 2005-2006 have provided approximately 1.7 million people with better access to safe water and 700,000 people with improved sanitation.

45. UNICEF is increasingly active in the promotion of hand washing with soap, globally as a member of the Public Private Partnership on Handwashing, and at country level as a "quick win" in plans for achieving the health-related Millennium Development Goals in Africa, in the framework of the proposed Ending Child Hunger and Undernutrition Initiative and through the "Project Champion" partnership with Unilever.

46. UNICEF and the United Nations Environment Programme initiated a joint strategy for children and the environment, addressing broader environmental issues which are critical for sustainable development.

47. A global task force was established in 2006 with a wide range of public and private partners and organizations, enabling them to advise and engage more closely with UNICEF on WASH-related issues. Cooperation with major partners intensified, including through new agreements with the Governments of the Netherlands and Norway, the Swedish International Development Cooperation Agency (SIDA), the United Kingdom Department for International Development (DFID), the European Union Development Fund and Water Facility and European Commission Humanitarian Aid (ECHO). These new partnerships and the resources they bring are highly encouraging, but further funding streams are needed to enable UNICEF to fully realize the packages outlined in the MTSP support strategy for WASH. UNICEF will intensify its support to programme preparation and reviews in the

60 priority countries for WASH, including as part of the follow-up to the meeting of all UNICEF Representatives in Africa. UNICEF is also working with government and partners on the development of water-related SWAps in Nicaragua, Malawi, Mozambique and Sri Lanka.

4. Key result area 4: In declared emergencies, every child is covered with life-saving interventions, in accordance with the UNICEF Core Commitments for Children in emergencies (CCCs).

Estimated 2006 programme assistance: $172 million

48. On behalf of the International Coordinating Group on Vaccine Provision for Epidemic Meningitis Control, UNICEF supported countries in the meningitis belt to procure pre-positioned vaccine stockpiles to expedite outbreak response. In response to outbreaks, mainly in West and Central Africa, more than 3.5 million children were vaccinated against meningitis and approximately 6 million against yellow fever.

49. The UNICEF global WASH and nutrition clusters for emergencies became operational. However, the roll-out of the cluster approach is not yet fully adequate. Funding is being secured to place emergency water and sanitation advisors in all regional offices and the same objective will be pursued for emergency nutrition interventions.

50. In 2006, the cluster approach was applied in Lebanon and Indonesia and continued in Democratic Republic of the Congo, Liberia, Somalia and Uganda. The cluster approach for the Pakistan earthquake ended. As WASH cluster lead, UNICEF played a major role in coordinating emergency preparedness and response in Ethiopia, Kenya, Somalia and Uganda.

51. As per the CCCs, UNICEF also assisted rapid responses in other countries in Asia, Africa and Latin America, supporting emergency water supply, storage and treatment, emergency sanitation and the supply of hygiene kits. Support was also provided to countries emerging from crisis, including Sierra Leone and the countries affected by the Indian Ocean tsunami.

52. UNICEF supported therapeutic feeding for children with severe acute malnutrition in over 20 countries. UNICEF supported community-based management of severe acute malnutrition in nine countries as a complement to in-patient therapeutic feeding, using a convenient, nutrition-dense ready-to-use therapeutic food that can be provided to caregivers for use with young children at home. This has been shown to increase coverage to over 70 per cent while maintaining child recovery rates of over 75 per cent. Priority countries in sub-Saharan Africa are now planning to initiate and/or scale up this intervention. At least five countries initiated local production of ready-to-use therapeutic foods in partnership with the private sector; UNICEF played a central role in the initiation of large-scale local production in Ethiopia. UNICEF, WHO and key NGOs worked together to harmonize protocols for the management of severe acute malnutrition and conduct field training. UNICEF is leading the preparation of revised guidelines and training packages on nutrition in emergencies, to help ensure that responses match the local situation.

B. Focus area 2: Basic education and gender equality (Goals 2 and 3)

53. Good progress is being made in many countries towards achieving the education- and gender-related Millennium Development Goals. Global primary school enrolment has increased significantly. The latest data from school records suggest that the number of primary-school-aged children not enrolled is down to 77 million, although household surveys reveal that many of those enrolled in school may not be attending regularly, if at all. School attendance in some countries is now a more important challenge than access.

54. There is growing awareness that achieving gender equality requires more than parity in numbers of girls and boys in school. However, trends in learning achievement are far from clear. Gains in enrolment and completion have also placed new strains on the capacities of education systems at the secondary level and highlight the achievement problems that are often faced by children from disadvantaged backgrounds. Changes in strategies may be needed in future to deal with such wider educational and gender-related issues.

55. There has been a steady increase in the number of countries where child-friendly school standards have been adopted for improving the quality of education, and UNICEF has continued to expand its WASH support in schools. Efforts have been increased to strengthen life skills-based education both to improve quality and empower learners. Emphasis has been given to such key issues as HIV/AIDS prevention and gender-based violence in and around schools. In many countries, however, poor training, salary payment problems and high turnover rates among teachers continue to be major constraints.

56. A school fees abolition initiative, on which UNICEF has worked closely with such partners as the World Bank and United States Agency for International Development (USAID), has produced a major surge in enrolment in some countries where enrolment was lagging, including among children from poor families. Important gains are also being made in addressing the impact of emergencies on education.

1. Key result area 1: Improve children's developmental readiness to start primary school on time, especially for marginalized children.

Estimated 2006 programme assistance: $15 million

57. In addition to programmes that promote good parenting, UNICEF advocacy and support have helped to extend and focus national programmes for early childhood development (ECD), including parental education and pre-school initiatives, on marginalized families, children with disabilities and orphans and children made vulnerable by HIV/AIDS (OVCs).

58. The proportion of children starting school on time is still low in many countries in sub-Saharan Africa and East Asia and the Pacific. UNICEF has partnered with the Child-to-Child Trust to develop experience in promoting alternative channels for early learning at home and in communities. UNICEF is promoting the development of national school readiness standards in several countries, but in over two thirds of programme countries, national standards for monitoring school or developmental readiness have not yet been developed.

59. New national ECD policies were adopted in 2006 by Kenya and Papua New Guinea, and the incorporation of ECD in national development plans is particularly strong in sub-Saharan Africa and Latin America and the Caribbean. In some countries, however, national ECD programmes exist but lack specific provisions for marginalized groups. In other countries, localized ECD initiatives have not yet been expanded to the national level.

2. Key result area 2: Reduce gender and other disparities in relation to increased access, participation and completion of quality basic education.

Estimated 2006 programme assistance: $141 million

60. UNICEF assists programmes in all regions to reduce disparities in access to quality basic education. Areas of support include: data collection and studies on issues related to disparities and barriers to education; support to policy development; advocacy for compulsory free primary education and for special measures for girls and marginalized children; provision of supplies; and support to non-formal and "second chance" programmes.

61. Some 91 developing and 34 industrialized countries are on track to achieve gender parity in primary education, but significant intra-country disparities often remain. Only one third of countries have achieved gender parity at the secondary level. Much wider use could be made of tools such as gender assessment and gender-aware budgeting.

62. An estimated 80 countries have specific legal or administrative measures to reduce the costs of primary schooling for families and children in poverty. New laws or decrees abolishing primary-school fees were passed in Sierra Leone, Timor-Leste and Yemen. Reducing the cost of schooling is a key strategy for increasing opportunities for the most vulnerable children, girls and children affected by HIV/AIDS and disabilities. UNICEF support to community and informal school programmes and to bursary schemes has helped to keep girls and boys from poor families in school.

63. There was a formally recognized United Nations Girls' Education Initiative (UNGEI) partnership in 36 countries in 2006, two more than in 2005. UNICEF is involved in joint United Nations programmes for basic and girls' education in countries including Egypt, Mozambique and Turkmenistan.

64. UNICEF worked with Governments and the World Bank on preparation of proposals and programme implementation under the Fast Track Initiative (FTI) in Papua New Guinea, Sierra Leone, Tajikistan and other countries. The role of UNGEI in mainstreaming gender in education has been strengthened through an agreement for the FTI to help address gender issues in country plans and financing proposals.

65. UNICEF was involved in ongoing SWAps for education in 23 countries in 2006, compared to 15 in 2004, and in the planning of education SWAps in an additional 10 countries.

3. Key result area 3: Improve educational quality and increase school retention, completion and achievement rates.

Estimated 2006 programme assistance: $189 million

66. As part of the effort to improve educational quality and address problems of retention and achievement, some 54 countries have adopted quality standards for primary education based on the child-friendly school or similar models, compared to 43 countries in 2005. The Philippines and Viet Nam are extending the approach to secondary schools and Thailand is using it in tsunami- and conflict-affected areas. *Escuela Nueva* provides an alternative model in Columbia and other countries. Based on the results of UNICEF-assisted pilot projects, the Government of China intends to develop new national education quality standards based in part on the child-friendly schools approach.

67. In several countries in Latin America, UNICEF is helping to improve the quality of education for children from indigenous communities through support to special initiatives that promote culturally relevant bilingual materials and methods.

68. Life skills based-education had been integrated into the national primary curriculum in 54 programme countries by 2006. UNICEF has helped to improve the quality of existing life-skills education programmes in many countries through support to teacher training, with particular focus on skills upgrading for HIV/AIDS prevention.

69. UNICEF expanded its support for WASH in schools in 85 countries in 2006. Activities include the inclusion of hygiene education in primary school curricula, training of teachers, the construction of facilities, developing child- and girl-friendly designs and promoting communication for behavioural change in communities through students. A major study on the impact and sustainability of WASH programmes in schools commenced in India and Kenya.

70. There were national plans to provide WASH education in primary schools in 52 countries in 2006 and an estimated 78 per cent of primary schools are covered by the plan in these countries. Child-friendly water and sanitation facilities are also part of the upgraded schools established in the tsunami-affected parts of Indonesia.

71. In Bulgaria, Chile, Mexico and Morocco, UNICEF-sponsored studies highlighted the negative societal impact of secondary school drop-out rates and suggested new strategies for addressing the problem. In these and other countries, UNICEF is supporting the development of new evidence-based approaches to lower drop-out rates.

72. The Girls' Education Movement (GEM) in Southern and Eastern Africa continues to create opportunities for promoting girls' enrolment, retention, completion and learning achievement. The GEM has been extended by the Ministry of Education in South Africa from UNICEF-assisted pilot areas to all nine provinces and in Sudan, GEM-sponsored activities have contributed to a sharp rise in school enrolment in West Equatoria state.

73. UNICEF collaborates closely with the United Nations Educational, Scientific and Cultural Organization (UNESCO) on education quality programmes, and works jointly with the World Food Programme (WFP) in WASH in Bhutan, Ethiopia, Kenya and the Lao People's Democratic Republic.

4. Key result area 4: Restore education in emergencies and post-conflict situations, and help safeguard education systems against the HIV/AIDS pandemic.

Estimated 2006 programme assistance: $83 million

74. Important gains are being made in dealing with the impact of emergencies on education. Strategies and tool kits have been developed for restoring schooling to affected populations. Although restoring schooling contributes to general recovery from emergencies, the greater challenge is rebuilding education systems, particularly in the wake of conflict and in countries with generally low capacities.

75. UNICEF-supported back-to-school campaigns helped nearly 10 million children in countries affected by conflict and in transition to return to school in 2006, including in Afghanistan, Côte d'Ivoire, Democratic Republic of the Congo, Iraq, Lebanon, the Occupied Palestinian Territory, Sudan and Uganda. In other countries, UNICEF helped to minimize disruption to schooling by establishing temporary learning facilities and child-friendly spaces when required. UNICEF also acted as the Inter-Agency Standing Committee (IASC) country cluster lead for education in Iraq, Somalia, Sudan and other countries.

76. Tens of thousands of students were provided access to safe, child-friendly and gender-segregated school sanitation facilities in countries in transition from emergencies, including in Sri Lanka, Pakistan and the Horn of Africa. Students were also reached with hygiene education initiatives.

77. In some countries, insecurity and inaccessibility continue to be major constraints in enrolling and retaining children in school. In Afghanistan and Iraq, for example, there was an increasing trend of threats and attacks on girls' schools and teachers.

78. The impact of HIV/AIDS on the education sector continues to be a very significant constraint, particularly in parts of Africa. Within the framework of the Joint United Nations programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team on HIV/AIDS and Education, development partners including UNICEF are working jointly towards a comprehensive response, including by focusing on teachers and administrators.

C. Focus area 3: HIV/AIDS and Children (Goal 6 and Millennium Declaration)

79. In 2006, UNAIDS reported that the overall HIV incidence rate is believed to have stabilized since the late 1990s, although there has been increasing incidence in several countries. The apparently improved trends are related to changes in behaviour and prevention programmes, especially among young people. However, other factors need to be taken into account in assessing HIV prevalence, including rising AIDS mortality, population growth and the life-prolonging effects of ART.

80. Many countries have developed national plans of action for children and HIV/AIDS and frameworks for monitoring and evaluating results. However, they are achieving different levels of success in putting their plans into practice and may need to further adapt their approaches as the epidemiological profile changes. Meanwhile, global HIV/AIDS spending has increased from approximately $4.2 billion in 2003 to $9 billion in 2006, but given limitations of the data, it is not

yet possible to determine what proportion of these funds specifically benefits children.

81. National survey data for 2005 from six of the most affected countries show a 25-per-cent reduction in HIV prevalence among young people aged 15-24 years. In 11 of 24 reporting countries, the percentage of girls having sex before age 15 years has declined. Of 24 sub-Saharan African countries reporting on the school attendance ratio of orphans to non-orphans, 15 show a decline in disparity.

82. These results were achieved through partnerships in which UNICEF has played a significant role, in some cases as lead agency, guided by the UNAIDS Division of Labour. In 2006, UNICEF focused its support to countries on the "four P" priority areas (prevention of mother-to-child transmission of HIV (PMTCT) plus; paediatric treatment: protection, care and support for children affected by HIV/AIDS; and prevention among adolescents) in line with the goals of the *Unite for Children, Unite against AIDS* campaign and the MTSP.

83. During this plan period, UNICEF will attempt to do more to close the continuing gap between programme results and the much larger numbers of affected children and women who need care and services, including through a focus, with partners, on the results needed at national scale. In addition to the need for scaling up services for prevention, testing and treatment, the persistence of stigma, discrimination and lack of comprehensive knowledge among young people continue to pose major challenges. More emphasis will be placed on strengthening the evidence base for action, documenting progress and integrating issues of children and AIDS into SWAps, social protection and poverty reduction strategies (PRSs).

1. Key result area 1: Reduce the number of paediatric HIV infections; increase the proportion of HIV-positive women receiving ARVs; increase the proportion of children receiving treatment for HIV/AIDS.

Estimated 2006 programme assistance: $35 million

84. The provision of PMTCT plus and paediatric treatment services has gained significant momentum. In some high-prevalence countries, trends in rates of access to ARV for PMTCT are starting to improve, but too few women are receiving the necessary services or are themselves able to receive ART. UNAIDS estimated that PMTCT coverage worldwide was still no more than 9 per cent in 2005. Although ART coverage of HIV-positive women and children is generally increasing, paediatric care lags behind adult care and ART coverage remains low in most countries and among vulnerable, high-risk and minority groups. UNICEF and WHO hosted an expert consultation to define strategies for scaling up paediatric care, support and treatment in resource-constrained settings.

85. UNICEF supported PMTCT programmes in 91 countries in 2006. The number of pregnant women and children with access to ARVs continued to increase and substantial expansion of PMTCT services was reported in a number of countries in Africa and Asia.

86. Rising numbers of children are now receiving treatment as a result of improved testing, lower drug prices and simpler formulations. However, data for 2005 indicate that the median level of access to treatment among infected children is still only 8 per cent in Africa, 8 per cent in Latin America and 5 per cent in Asia.

87. In 2006, 95 per cent of UNICEF ARV procurement was through procurement services, totalling $35 million. Thanks to substantial price decreases, the number of treatment packs procured grew from 2.8 million in 2005 to 4.5 million in 2006. The focus in the area of HIV/AIDS-related supplies continues to be on widening the availability of improved paediatric ARVs and PMTCT-related products.

2. Key result area 2: Increase the proportion of children orphaned or made vulnerable by HIV/AIDS receiving quality family, community and government support.

Estimated 2006 programme assistance: $26 million

88. Following the adoption of national plans of action, an increasing number of countries in sub-Saharan Africa have begun to provide expanded social protection. In Botswana, some 95 per cent of households receive some form of external support. Kenya, Malawi and Mozambique have piloted cash transfer programmes in some of the poorest areas. A 2006 survey of NGO initiatives in 28 sub-Saharan countries found that about 3.3 million OVCs were receiving some form of education, routine health care, food, livelihood or psychosocial support.

89. However, expansion efforts face a range of obstacles, including limited local government or NGO capacities for identification, delivery and monitoring; national and household resource constraints; and the need for greater coordination among partners. UNICEF support included: support and training to local organizations working with OVCs and facilitating orphans' access to basic services and safety nets; pilot projects for new methods of caring for and protecting OVCs; and participatory assessments, awareness-raising and fund-raising. UNICEF worked closely with WFP on nutrition initiatives in several countries; encouraged the participation of OVCs in programmes that affect them through school clubs; and in Angola, Democratic Republic of the Congo and South Africa, supported the establishment of a surveillance system that identifies orphans.

90. The Global Partners Forum on Children Affected by HIV/AIDS convened by UNICEF and DFID recommended actions to strengthen civil registration, social welfare, inclusive education systems and accountability; ensure routine prevention and treatment services for children; and integrate provisions for affected children into instruments such as PRSs.

3. Key result area 3: Reduce adolescent risks and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive information, skills and services.

Estimated 2006 programme assistance: $49 million

91. In UNICEF-supported programmes, the threat of HIV is being combated by strengthening young people's health, social and life skills through the development and promotion of integrated youth-friendly health services, awareness-raising campaigns, specific interventions focusing on high-risk youth, and peer-to-peer training for counselling and information dissemination. UNICEF and partners also used sporting events to transmit messages on HIV/AIDS prevention and safe reproductive health to young people. In 31 countries, awareness of HIV/AIDS prevention was raised through UNICEF support to media events organized around the *Unite for Children, Unite against AIDS* campaign. The United Nations Population Fund (UNFPA) is a close partner in this area in many countries.

92. Field reports indicate that by the end of 2006, HIV/AIDS education had been fully integrated in the national secondary curriculum at by some 62 programme countries and partially by another 40 countries. Sub-Saharan Africa and Latin America and the Caribbean appear to have made the most progress in comprehensive integration of HIV/AIDS education in schools.

93. Another key focus of UNICEF support is ensuring that the legal and operational framework for youth-friendly health services is integrated with existing health care systems. This was taken forward in 2006 with progress seen particularly in the Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS) region. Common constraints to expansion include shortages of trained counsellors, misconceptions about at-risk adolescents and a lack of appropriate policies, procedures, standards and indicators for youth-friendly health services.

4. United Nations coherence and new partnership initiatives on HIV/AIDS and children

94. UNICEF played a key role during 2006 in convening global inter-agency task teams on paediatric treatment, PMTCT and children affected by HIV/AIDS. It supported UNESCO, UNFPA and WHO in their lead roles in the task teams on education and HIV prevention among out-of-school adolescents and continued to work on a joint position on the importance of gender equality and women's empowerment in the drive against HIV.

95. In addition to a wide range of NGO, faith-based and private sector allies, key UNICEF partners include academic and research institutions, such as the Baylor College of Medicine, whose International Paediatric AIDS Initiative is active in Botswana, Lesotho and Malawi.

96. Field reports suggest that the strategic role and focus of UNICEF are clearer than in the last MTSP period, including on the basis of "four Ps". The improved cohesion and clearer division of labour among UNAIDS co-sponsors will increase the value added for national partners and also provide a good basis for supporting pilot countries for "One United Nations". As part of United Nations country teams (UNCTs), UNICEF is supporting the HIV/AIDS SWAps in Mozambique, Niger, Uganda and Zambia and the development of new SWAps in Burkina Faso and Ghana.

97. The *Unite for Children, Unite against AIDS* campaign has evolved to incorporate the decisions taken at the 2006 High-Level Meeting on AIDS and its commitment towards universal access to prevention, treatment, care and support. The campaign's focus on four measurable outcomes for children is proving increasingly relevant and effective. Multiple consultations between UNICEF and partners, together with United Nations reform efforts, have guided the management of the campaign. National Committees for UNICEF continue to play a critical role in shaping its development and management.

98. Advocacy efforts and partnerships have gathered increased momentum in many parts of the world. The Organization of African First Ladies against HIV/AIDS, for example, launched a campaign entitled "Treat Every Child as Your Own". The Global AIDS Alliance has organized several coalition-based campaigns. UNICEF alliances with sports bodies, including the National Basketball Association (United States), are bringing strong dividends.

D. Focus area 4: Child protection from violence, exploitation and abuse (Millennium Declaration; relevant human rights treaties and conventions)

99. Better child protection, greater political commitment and improved legislative and policy frameworks were in evidence during 2006. However, persistent gaps remain, with children still unprotected against violence, exploitation and abuse. Although there are initiatives which address situations which exacerbate vulnerability, including children's loss of caregivers, institutionalization and detention, it is too soon to assess their impact.

100. Good partnerships continued. Broad coalitions came together for the United Nations Study on Violence against Children and to develop new technical guidance for protection and response to children associated with armed forces/groups, the draft United Nations guidelines for the protection and alternative care of children without parental care, a common framework for the abandonment of female genital mutilation/cutting (FGM/C) and the IASC Guidance on Mental Health and Psychosocial Support in Emergency Settings. Another notable achievement was the adoption of the Convention on the Rights of Persons with Disabilities, which contains provisions specific to children.

101. Several regions noted a gradual strengthening of national systems for protection, particularly through the adoption by Governments of alternatives to child detention, a reduction in the global incidence of child labour and expanded birth registration. Almost all regions saw progress on reforms to prevent unwarranted separation of children from their families and to reduce the number of children in institutional care. Ratification of international conventions and protocols related to child protection also advanced.

102. Collection of data on child protection improved in several areas, including in relation to landmines and children in conflict situations. There was also greater investment in national research.

1. Key result area 1: Government decisions are influenced by increased awareness of child protection rights and improved data and analysis on child protection.

Estimated 2006 programme assistance: $30 million

103. Trends in data availability and analysis on child protection issues were positive in 2006, although from quite a low base. A gender analysis of key child protection issues was undertaken within the current UNICEF-assisted country programme cycle in 33 countries. Only 13 programme countries have disaggregated baseline data available on a full set of key protection indicators relating to violence against children, child trafficking and availability of qualified social workers. An additional 89 countries have data on some of these indicators.

104. In the Gambia, the Philippines and Rwanda, UNICEF worked with government and civil society partners to develop an agreed set of child protection indicators, a precursor to the establishment of a national database. As found in an evaluation in Kosovo (currently under United Nations administration (United Nations Interim Mission in Kosovo)), such databases support increased capacities to analyse data on social services and to report on violations such as trafficking.

105. UNICEF supported or carried out rapid assessments in several countries in 2006 including assessments of children victims of sexual exploitation in Bangladesh; of trafficking, abuse and exploitation in Aceh, Indonesia; of child labour in Tajikistan; and of orphaned and unaccompanied migrant children in tsunami-affected provinces in Thailand. An assessment in Uzbekistan resulted in changes in regulations and standards for working with children with disabilities.

106. Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Nepal, Somalia, Sri Lanka and Sudan began to establish monitoring and reporting mechanisms on child rights violations in compliance with Security Council resolution 1612 (2005). UNICEF supported national systems for monitoring and reporting in 41 countries in 2006. In addition, some 52 UNICEF country offices indicated that they are monitoring and reporting, either fully or partly, violations of children's protection rights as per the Secretary-General's bulletin on special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13).

107. Despite these areas of progress, widespread absence of agreed indicators at national level remains a major constraint in measuring results for child protection. In 2006, significant data on child protection were included in PRSs, national development plans and their equivalents in only 24 programme countries, up from 14 in 2005. A further 44 countries included partial data.

108. UNICEF engaged in SWAps or similar mechanisms in the area of child protection in Burkina Faso, Madagascar, Malawi, Philippines and Uganda. UNICEF works with United Nations agencies on a variety of joint programmes in this area, including, for example, a social protection programme for OVCs in Lesotho with the Food and Agriculture Organization of the United Nations (FAO) and WFP and a programme for promoting the rights of women and girls in Turkey with UNFPA.

2. Key result area 2: Ensure effective legislative and enforcement systems and improved protection and response capacity to protect children from violence, exploitation and abuse, including exploitative child labour.

Estimated 2006 programme assistance: $63 million

109. By 2006, 113 States Parties had ratified the optional protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and 110 had ratified the optional protocol on the involvement of children in armed conflict.

110. Awareness-raising activities linked to the United Nations Study on Violence against Children included: the launch of an action programme by the Council of Europe; the sponsorship of national studies, consultations and strategy development; presentations to parliamentarians; and campaigns to prevent school-based violence.

111. New laws or legislative amendments on violence against children and women were passed in Democratic Republic of the Congo, El Salvador, the Republic of Moldova and other countries. A new Child Code was approved in Kyrgyzstan and policies on children without parental care were formulated in Azerbaijan and Bosnia and Herzegovina.

112. UNICEF supported efforts against FGM/C in 18 countries in 2006, including advocacy and alliance-building with local and national decision makers; support to data-gathering; public awareness-raising through media channels, schools and

community groups; and training of health workers and traditional healers. Partnerships with NGOs such as Tostan in addressing FGM/C continue to be very important, and with religious leaders, including in Kenya, where female religious scholars are acting as role models.

113. MICS are a key tool for highlighting the extent of FGM/C, early marriage and other harmful traditional practices. New data from Djibouti show a decrease in FGM/C and in Benin, Ethiopia and Senegal, additional communities and regions have abandoned the practice and/or declared themselves free of FGM/C. A new national strategy for the abandonment of FGM/C was adopted by Eritrea. In Senegal, community-led social change has led to over 2,000 communities abandoning the practice.

114. Globally, the International Labour Organization (ILO) reports reductions of 11 per cent in child labour and 26 per cent in hazardous child labour in 2002-2006. In India, Mexico and Nicaragua, UNICEF helped to improve national child labour monitoring mechanisms. Over one half of the nearly 60 UNICEF-assisted country programme components for the reduction of child labour are now implemented in collaboration with the ILO International Programme on the Elimination of Child Labour (IPEC).

115. UNICEF-assisted national surveys on child labour have strengthened the evidence base in Guatemala, Myanmar, Nicaragua, Rwanda and other countries. Other efforts in 2006 include various studies, including on children working in mines and quarries in Democratic Republic of the Congo and Guinea, and training sessions for government officials, civil society organizations (CSOs) and the private sector.

116. UNICEF helped to develop the capacities of civil society partners on the protection of children through workshops and the development of training materials in 2006. Partners included the Iraq Red Crescent Society, pastors working with OVCs in Malawi and community counsellors in Namibia. UNICEF is engaged in joint programmes against violence with the United Nations Development Programme (UNDP) and UNFPA in Venezuela and with UNFPA in Côte d'Ivoire.

3. Key result area 3: Better protection of children from the impact of armed conflict and natural disasters (per CCCs).

Estimated 2006 programme assistance: $33 million

117. UNICEF helped to build the capacities of partners by conducting training programmes for the protection of children in emergencies in Bangladesh, Ethiopia, Indonesia, Myanmar, Somalia and Venezuela. A training programme was completed in Darfur for 2,736 African Union soldiers on child rights and child protection. UNICEF contributed to strengthening the monitoring of child recruitment and other grave violations of children's rights in Darfur under the terms of Security Council resolution 1612 (2005).

118. The Secretary-General reported in 2006 that children are being used for conflict-related purposes in 12 countries (A/61/529). In Myanmar, UNICEF has obtained a commitment from the Secretary of the State Peace and Development Council that no one below 18 years of age would be recruited into the military. Further, communications have been received from two non-State actors in Myanmar committing to a cessation of recruitment of child soldiers. Peace processes in

Burundi, Nepal and Uganda have created opportunities for the release and reintegration of large numbers of children associated with armed groups. UNICEF helped to demobilize and reintegrate thousands of child soldiers and other children affected by war in Afghanistan, Burundi, Colombia, Côte d'Ivoire, Sudan and other countries.

119. Assessments of Liberia's social reintegration programme have underlined the importance of community support networks. In Burundi, demobilizing children directly into communities has proven to be feasible, if they are given sufficient time and resources to engage fully with communities, and avoids the possible consequences of prolonged interim care.

120. In Ethiopia and Sri Lanka, UNICEF is involved in large-scale joint programmes for the reintegration and protection of internally displaced persons (IDPs) with ILO, UNDP, UNFPA and the Office of the United Nations High Commissioner for Refugees. Other joint programmes include the Rule of Law and Security initiative with UNDP in Somalia, a mine-risk education project in Sudan with the United Nations Mission in Sudan and the United Nations Mine Action Service, and a programme on conflict prevention with UNDP and UNFPA in Burkina Faso.

121. In Colombia, Bosnia and Herzegovina and Viet Nam, UNICEF has helped to strengthen the capacities of government and civil society partners to raise public awareness on mines, to gather data, to manage mine-risk education programmes and to provide support to affected children and families. UNICEF-coordinated mine-risk education programmes reached some 80,000 people in Chechnya, Russian Federation, almost 400,000 in Sudan, 13,000 in Bosnia and Herzegovina and an estimated 1 million in Lebanon. A study sponsored by UNICEF and partners showed a decline in casualties from landmines and unexploded ordinance in 2006 due in part to the success of mine-risk education programmes.

122. In 38 countries, emergency response in armed conflicts and following disasters included an explicit component for preventing the sexual abuse and exploitation of women and children. UNICEF supported capacity-building efforts in Chad, Republic of the Congo, Côte d'Ivoire, Democratic Republic of the Congo and Uganda and led the protection cluster in natural disasters following the earthquake in Indonesia and floods in the Philippines.

4. Key result area 4: Children are better served by justice systems which ensure greater protection for them as victims, witnesses and offenders.

Estimated 2006 programme assistance: $12 million

123. UNICEF and the United Nations Office on Drugs and Crime co-published a manual for the measurement of indicators on children in conflict with law, endorsed by the Inter-Agency Panel on Juvenile Justice. Several countries have begun to integrate these indicators into their national systems. New laws or legislative amendments on juvenile justice were enacted in India, the Philippines, Somalia and Serbia during 2006 and were drafted in several other countries.

124. UNICEF helped to improve the protection of imprisoned children through the development of training programmes and materials for prison guards and police forces in Ghana, Haiti, Timor-Leste and Turkey; and promoted greater use of diversion and alternatives to the detention of children. According to available

information, some 16 programme countries now use investigation and court procedures which are both child-friendly and gender appropriate, and some 34 countries have taken measures to implement the United Nations Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime, compared to 22 in 2005. However, a lack of proper juvenile justice structures, lack of technical resources and high turnover of police staff can pose major constraints.

5. Key result area 5: Children and families identified as vulnerable are reached by key community and government services aimed at reducing their marginalization.

Estimated 2006 programme assistance: $64 million

125. Policies now exist in some 44 programme countries on the provision of alternative care for children in line with international standards, compared to 36 in 2005. UNICEF is working with national partners elsewhere on formulating new standards and policies. In the CEE/CIS region, UNICEF supported widespread reforms to promote family-based care options for children who lack parental care. In 41 countries, UNICEF is helping to address the lack of social workers through capacity-building, training and legislative reforms to establish professional social workers and networks.

126. UNICEF promoted improved birth registration systems in 81 countries in 2006, including measures specifically focusing on registration among marginalized groups. Cooperation continued with the Inter-American Development Bank and the Organization of American States in the Partnership on Citizen Registration.

127. UNICEF support to tracing systems and reintegration programmes facilitated the reunification of thousands of children separated from their families in Indonesia, Liberia, Sri Lanka and Sudan. In Timor-Leste, new guidelines developed with UNICEF support provided a more systematic approach to identification, tracing and reunification. In the Islamic Republic of Iran, a new strategy for reuniting separated children with their families and providing follow-up support has benefited thousands of earthquake-affected children.

E. Focus area 5: Policy advocacy and partnerships for children's rights (Millennium agenda, Convention on the Rights of the Child)

128. Renewed efforts by UNICEF to build partnerships to generate evidence and dialogue on public policies affecting children, young people and women and to promote child-friendly budgetary and legislative reforms saw modest but significant progress during the first year of the plan period. This was also the case for efforts to promote the greater participation of children and young people in decision-making. Successful large-scale staff training on public policy helped to lay the basis for more effective advocacy and partnership-building, particularly at country and regional levels.

129. The formulation of new Common Country Assessments (CCAs) and United Nations Development Assistance Frameworks (UNDAFs) provided entry points for more systematic analysis and advocacy for addressing the rights and priority needs of children and women. UNICEF also worked to highlight poverty and deprivation affecting the most vulnerable groups of children and women through joint United

Nations programming. The MICS undertaken in 2006 provided a major opportunity to focus attention on these problems and to generate timely data and analysis for monitoring the Millennium Development Goals and the *World Fit for Children* Plan of Action. DevInfo has emerged as the leading software for monitoring the Goals and a preferred platform for development of national socio-economic databases.

130. The complexities of political and institutional reform continue to pose a challenge to staff capacities in some countries as UNICEF seeks to contribute more effectively to national policy development. Nonetheless, participation in PRSs and SWAps has continued to expand, with UNICEF contributing experience on child-centred and human-rights based approaches, social budget reform, methods to institutionalize the participation of adolescents and a greater focus on the observations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women. Collaborative efforts with other United Nations agencies, the World Bank, civil society, donors and academic institutions have intensified.

1. Key result area 1: Collect and analyse strategic information on the situation of children and women.

Estimated 2006 programme assistance: $113 million

131. UNICEF supported MICS in 55 countries for collecting data on key indicators on the Millennium Development Goals and to fill key knowledge gaps on the situation of children and women. The surveys were supported as collaborative efforts or joint programmes with UNDP, UNFPA, WHO, the World Bank and other partners and will strengthen the evidence base for national planning and advocacy. Subnational sample estimations have been carried out at provincial, district, governorate or State levels in at least 8 of the 55 countries. Capacity constraints facing national statistics institutions resulted in delays to MICS surveys in several countries. UNICEF also worked jointly with USAID on designing and conducting DHS in several countries in 2006.

132. Access to high-quality, strategic information among government ministries, UNCTs and other partners has also been increased by the widespread adoption of DevInfo and by some 82 national adaptations. UNICEF promoted and supported the use of DevInfo in 103 countries in 2006, including training of government staff, the provision of equipment, assistance in software customization, development of manuals and support for data collection. Nearly 1,500 professionals were trained in the use and administration of DevInfo for data storage, retrieval and analysis. UrbanInfo and IPEC Info were developed with the United Nations Centre for Human Settlements and ILO respectively.

133. A child rights index advocacy tool is helping to raise awareness on child issues in several Latin American countries. The UNICEF-assisted Knowledge Community for Children in India initiative is helping to bring research to bear on policies and programmes affecting children. UNICEF is supporting the development of similar knowledge management systems in Bangladesh, Honduras and Mozambique.

134. In 2006, 94 of 115 UNICEF country offices indicated that they had provided significant support, and 10 partial support, to the most recent national reporting process to the Committee on the Rights of the Child. This typically included support to national agencies for preparing responses to the Committee's concluding

observations, facilitating country-level dialogue and participation in pre-session discussions with the Committee itself. Although UNICEF support for this reporting process has continued to broaden, significant UNICEF support for recent national reporting processes to the Committee on the Elimination of Discrimination against Women has remained at lower levels, although with greater participation in joint United Nations initiatives.

135. In 2006, 30 of the 33 country programme documents (CPDs) approved by the UNICEF Executive Board addressed the concluding observations of one or both Committees. At least 25 of them indicated that UNICEF would be supporting national monitoring and reporting on the Convention on the Rights of the Child.

2. Key result area 2: Research and policy analysis on children and women.

Estimated 2006 programme assistance: $32 million

136. UNICEF offices support, promote and disseminate a wide range of analytical studies, ranging from comprehensive national analyses on the situation of children and women to specific studies on key issues affecting them.

137. UNICEF supported a variety of child-friendly budget analyses and advocacy initiatives in 2006. These efforts helped to raise awareness on resource allocation shortfalls for child-related goals in several countries, such as in Turkey, where study results were disseminated to parliamentarians, and South Africa, where municipal budget analysis is identifying potential new funding sources for children. UNICEF is increasingly working with both government and civil society partners to help strengthen systems to monitor and analyse national budgets, with systems in place in at least 17 programme countries.

138. *The State of the World's Children 2007* examined discrimination and disempowerment faced by women and girls, and outlined what needs to be done to eliminate gender discrimination. The report discussed how greater gender equality has the potential to move all the Millennium Development Goals forward, and how investments in women and girls ultimately will provide a "double dividend" for the rights of children and women. During 2006, *Progress for Children* "report cards" were published on nutrition and water and sanitation.

139. A new or substantially updated analysis of the situation of children's and women's rights has been carried out during the last three years in more than 79 countries. UNICEF contributed to increasing knowledge on issues related to children and women through the sponsorship of major thematic studies or analyses in 87 countries in 2005 and 2006.

140. The Innocenti Social Monitor report, *Understanding Child Poverty in Southeastern Europe and the Commonwealth of Independent States*, indicated the scope for using existing data for understanding child poverty while also increasing efforts to collect and analyse further information for addressing the needs of children and their families. Data collection for a study on child trafficking in Europe was completed and preliminary analysis was shared with such partners as the Council of Europe, the European Union and the Organization for Security and Cooperation in Europe.

141. As part of the effort to increase UNICEF capacity for research and policy analysis in support of key results across the MTSP as a whole, 247 mid- and senior-

level staff undertook a course on public policy analysis to deliver results for children offered by the University of Maastricht.

3. Key result area 3: Policy advocacy, dialogue and leveraging.

Estimated 2006 programme assistance: $49 million

142. Due in part to advocacy efforts by UNICEF and other United Nations agencies, an increasing number of national development plans, PRSs, transition plans and similar policy instruments now address key challenges for children, women and gender equality (in an estimated 61 per cent of countries for which field reports were available in 2006, compared to 57 per cent in 2005).

143. As part of UNCTs, UNICEF is increasingly involved in the development of national policy frameworks such as PRSs. In a total of 84 countries (compared to 67 in 2004), UNICEF supported these policy processes through, for example, providing comments on draft documents, participating in meetings, advocating for the integration of child rights, facilitating access to data or supporting Governments directly in their reviews.

144. The engagement of UNICEF with SWAps and multi-donor budget support mechanisms has helped to strengthen policies and leverage new resources for child-focused programmes in countries including Ghana and Uganda, where child survival indicators are increasingly used for planning and monitoring, and Kenya and Rwanda, where significant new funding has been allocated to basic education. UNICEF was involved in supporting the development, implementation and/or monitoring of SWAps in 40 countries in 2006, compared to 29 in 2004.

145. UNICEF technical support to Governments for preparing proposals for global development funds has helped to secure significant new funding for child survival and development programmes. Examples in 2006 included allocations of over $42 million from FTI for Kyrgyzstan, Republic of Moldova and Tajikistan; $48 million from the Global Fund in Mozambique; and $76 million for Ethiopia from the GAVI Health Systems Support initiative.

146. Wider access to critical supplies for children and families was also supported by the growing value of UNICEF procurement services in 2006. Vaccines accounted for 62 per cent of total procurement value, but bednets and insecticides for malaria control are the second largest commodity group. Procurement for ARVs also showed an upward trend.

147. In Mozambique, a new strategic partnership was formed with CIDA, DFID, SIDA and the Government of the Netherlands, modelled after the global framework of the Joint Institutional Approach. This will work collaboratively on budget analysis and other areas. Brazil's Child-Friendly Monitoring Network is a coalition of almost 30 NGOs and United Nations agencies that supports and helps monitor the President's Child-Friendly Plan of Action.

4. Key result area 4: Enhanced participation by children and young people.

Estimated 2006 programme assistance: $29 million

148. Progress has been steady in promoting the wider participation of children and adolescents in the formulation, implementation and monitoring of policies, programmes and legislation. A highlight in 2006 was the "Junior 8" Summit in

St. Petersburg, held alongside the formal G8 Summit. With support from UNICEF and the Morgan Stanley International Foundation, 64 children held week-long discussions and presented recommendations directly to the G8 leaders.

149. UNICEF continued to work extensively with national, subnational and community media organizations to disseminate information for young people and children, including through youth-led outlets. However, the use of surveys and other systematic mechanisms for obtaining the views of children and young people is still not widespread, and are fully established in only some 20 programme countries.

150. Several approaches have provided momentum in expanding opportunities for children's and young people's participation in areas affecting their rights. UNICEF expanded its "sports for development" initiative in 2006 as a framework for youth participation and for reaching young people with life-skills messages and promoting physical activity and recreation. Initiatives were started in China, Rwanda and South Africa. UNICEF also sponsored several "sports for peace" initiatives, e.g., in Côte d'Ivoire.

151. In Burundi, Guinea-Bissau and Sao Tome and Principe, UNICEF-assisted initiatives that build the skills of young journalists, support community radio and promote greater focus on young people's issues in the national media have helped to facilitate peer-to-peer communication and to highlight the opinions of young people.

F. Special focus: emergency preparedness and response

152. The UNICEF response in 2006 covered 53 emergencies, including 17 Consolidated Appeal Processes (CAPS) and 13 flash appeals. UNICEF responded to a wide range of humanitarian crises from hostilities in the Middle East and the severe drought in the Horn of Africa to an earthquake that struck Indonesia and "forgotten emergencies" in the Central African Republic and Haiti. UNICEF humanitarian assistance using emergency-specific income amounted to $672 million in 2006. Humanitarian actions are explicitly mainstreamed into the focus areas and results framework of the MTSP.

Cluster approach

153. The IASC cluster approach formally came into effect in 2006. UNICEF has been designated as cluster lead for WASH and nutrition and co-lead for protection and telecommunications. The approach has been rolled-out in four pilot countries and in a number of other emergency situations. An interim self-assessment found that the approach has increased the predictability of response, and helped to foster stronger coordination, resource mobilization and responses. It also listed a number of challenges, including that leadership roles are managed and interpreted in different ways and inconsistencies in application.

Emergency Programme Fund

154. The Executive Board approved an increase in the Emergency Programme Fund (EPF) ceiling from $25 million to $75 million per biennium, starting in 2006. The increased ceiling is already having a significant positive impact on the organization's ability to respond to the acute needs of children and families. Within the overall context of a more coordinated emergency response and funding

environment — including the recently expanded Central Emergency Response Fund (CERF), of which UNICEF was the second largest recipient with nearly $50 million received in 2006 — this will better position UNICEF to implement the CCCs and play a stronger role in inter-agency coordination mechanisms.

155. In 2006, $44.5 million was released from the EPF to 29 countries and two regional offices. In sudden-onset emergencies as in Timor-Leste and the Middle East, funding was provided within the first days of the start of the crisis. Other allocations covered preparations for possible outbreaks of an avian and human influenza epidemic.

Emergency preparedness

156. Emergency preparedness and response plans are important in helping to ensure that staff are aware of their responsibilities to organize the UNICEF response based on the CCCs. Some 107 country offices reviewed and where necessary updated their plans in 2006.

157. Efforts were intensified to ensure that offices worldwide were prepared to address the twin threats of avian and human influenza. The role of UNICEF in a potential crisis would focus primarily on communication for behavioural change, supply pre-positioning and community-based initiatives. UNICEF worked closely with other United Nations agencies to ensure a common approach to supporting Governments and communities in responding to the potential threat.

Major emergency responses in 2006

158. In response to severe drought and floods in the Horn of Africa, millions of children were reached through a comprehensive set of interventions including water treatment and diarrhoea prevention, measles vaccination, vitamin-A supplementation and other nutrition initiatives. The Regional Directors of FAO, UNDP, UNICEF and WFP ensured coordinated support.

159. In the Middle East, collaboration with the Lebanese Red Cross at the inception of conflict was crucial in delivering assistance for displaced children and families in otherwise inaccessible areas. UNICEF later supported NGOs to run mobile primary health care units, immunization outlets and child-friendly spaces and to provide psychosocial support, reaching an estimated 300,000 people. UNICEF also supported the country's major back-to-school and mine-risk education initiatives. Partnerships with NGOs in the Occupied Palestinian Territory also enabled provision of key humanitarian assistance.

160. In the Darfur region of Sudan, humanitarian agencies continued to operate under dangerous conditions in efforts to assist displaced communities. Some 2.1 million people were reached with essential health care services and 1.2 million children received polio vaccination and vitamin-A supplementation. The number of conflict-affected children enrolled in primary school increased from an estimated 382,800 to 516,500 (including 225,000 girls) by the end of the year.

161. Nationally, Sudanese children enjoyed increased access to health care in 2006 due in part to timely and effective preparedness, response to disease outbreaks and ongoing work with partners in the health sector, particularly government. The "Go to School" campaign in southern Sudan saw over 850,000 children registered in

schools by the end of the year, supported by UNICEF through the delivery of educational materials and the training of teachers.

162. In Chad, UNICEF took the lead in coordinating the UNCT's humanitarian actions for IDPs in water and sanitation, health (together with WHO), child nutrition, education and child protection. By the start of 2006, 240,000 Sudanese refugees were receiving assistance. Continued insecurity had the effect of reducing humanitarian presence.

163. In the Democratic Republic of the Congo, UNICEF provided the lead for emergency response in water and sanitation, education, nutrition, non-food items, emergency shelter and emergency telecommunications. More than 600,000 conflict-affected people were directly assisted with life-saving shelter and household items. A programme of expanded assistance to returnees was launched. UNICEF supported the release and reintegration of almost 10,500 children associated with armed groups and forces. Major efforts were also made to combat sexual violence.

164. UNICEF continued to respond to the humanitarian needs of conflict-affected people in Sri Lanka. During the crisis in Timor-Leste, the UNICEF response in immunization, nutrition screening and water and sanitation helped to avert the deterioration of the health and nutrition status of over 110,000 children and 70,000 IDPs.

165. In the second year of response to the Indian Ocean tsunami, UNICEF shifted its focus towards support for reconstruction, and has assisted an estimated total of 4.8 million children and women in eight countries. By late 2006, UNICEF had supported the reconstruction and renovation of over 50 health facilities and delivered medical equipment to nearly 6,100 hospitals and clinics in affected areas. Some 1.2 million children received vitamin A supplements. Over 1 million people now have access to safe water sources built with UNICEF support, including 250,000 schoolchildren benefiting from new water and sanitation facilities. Nearly 1 million children and women were provided with ITNs to protect against malaria.

166. Tens of thousands of children now study at 36 newly constructed permanent schools, 145 semi-permanent schools, and some 900 repaired schools. Over 1 million children in tsunami-affected areas received educational supplies for the new school year. Nearly 400,000 children have benefited from UNICEF-assisted psychosocial support.

II. United Nations coherence and key civil society partnerships

A. Increasing the effectiveness of the United Nations

167. During 2006, UNICEF continued its efforts to increase the capacity of the United Nations to deliver more effectively at country level. Progress on United Nations and other partnerships was detailed in the annual report to the Economic and Social Council (E/ICEF/2007/3).

168. As an update to this report, it is noted that UNICEF has fully incorporated the recording of expenditures on joint United Nations programmes in its expenditure coding system. However, data for most of the first year had to be coded manually and this is believed to have led to underrecording, which will be rectified in 2007

data. With this important caveat, in 2006 UNICEF participated in at least 70 joint programmes with other United Nations agencies and other extensive collaborative activities. UNICEF contributions to joint programmes totalled at least $70 million, representing 3.3 per cent or more of total programme assistance. Some 49 per cent of this total was spent was in Eastern and Southern Africa and 21 per cent in West and Central Africa. Major partners in joint programmes were FAO, UNDP, UNESCO, UNFPA, WFP and WHO. UNICEF also continued to work closely with the World Bank on a number of programmes.

B. Partnerships with NGOs and civil society

169. A the global level, UNICEF continues to prioritize its partnership with the Inter-Parliamentary Union as the primary means of engaging parliamentarians in support of goals for children. The main focus is on the protection of children against violence, exploitation and abuse. The partnership will continue to draw on work by the Innocenti Research Centre, including its identification of examples of effective action to strengthen the protective environment for children.

170. UNICEF has established formal alliances with the YMCA and YWCA on the fight against HIV and AIDS, and organized a global consultation of religious leaders and experts with the World Conference of Religions for Peace (WCRP) on the issue of violence against children, held in Spain. Representatives from 30 countries made recommendations which were later endorsed by the WCRP World Assembly in Kyoto.

171. UNICEF continues to develop key global sport partnerships, including with the Fédération Internationale de Football Association (FIFA), the International Olympic Committee and the International Cricket Council, working through field offices and with National Committees. A new partnership with Fútbol Club Barcelona has generated tremendous media attention and significant funds for UNICEF-assisted programmes. Tennis star Roger Federer joined the ranks of UNICEF Goodwill Ambassadors. A campaign with FIFA promoting peace and non-violence enabled the broadcast of joint public service announcements on the global MTV and ESPN networks and other stations.

172. Activities of the Global Movement for Children include "Lesson for Life", a global initiative that has taken place on World AIDS Day each year since 2004. In 2006, this involved an estimated 16 million children who were provided with opportunities to share experiences and learn about HIV and AIDS. The year also saw the launch of a joint report on paediatric treatment, in support of *Unite for Children, Unite against AIDS.*

173. The external review of UNICEF work with CSOs provided a clearer understanding of the different types of partnerships which UNICEF and recommendations for improving the design and strategic approach for such partnerships.

III. Supporting and cross-cutting strategies of the medium-term strategic plan

A. Human rights-based approaches to programming

174. UNICEF continued to pursue human rights-based approaches to programming through developing the capacities of its own staff and among partners; promoting these approaches through the work of UNCTs, including as part of CCAs and UNDAFs; and strengthening rights-based situation assessment and analysis for children.

175. In some cases, staff training was undertaken on a United Nations system-wide basis and in others, UNICEF led training for other agencies. It also provided orientation in some 55 countries for partners at national and subnational levels, including government, the military, humanitarian agencies and civil society partners. Offices undertaking such activities reported increased capacities among counterparts for assessment and programme design from a rights-based perspective.

176. Some UNCTs carried out analyses of existing UNDAF components from a rights-based perspective as an integral part of UNDAF planning. UNICEF found the framework of the Secretary-General's "Action Two" initiative to be valuable as a means of sharing experience on human rights-based approaches and of promoting country-level United Nations theme groups, often led by UNICEF. Rights-based approaches were incorporated into joint programmes, for example for the creation of an alliance for human rights and civic empowerment in Ukraine.

177. Many new UNDAFs are seen to be more rights-based. Examples include that of Egypt, where planned results specifically address disparities and citizen participation, and the Lao People's Democratic Republic, where the CCA included an analysis of national capacity gaps, vulnerabilities and ethnic disparities.

178. UNICEF promotion of the human rights-based approach as part of its programme cooperation was visible for example, through its promoting greater attention to excluded children and families in health, education and protection/social services and in HIV prevention, and in encouraging more participation in national and local planning and implementation. At least 40 UNICEF offices supported programmes or activities to promote the inclusion of children and/or women from indigenous or ethnic minority groups. There were similar emphases with regard to the rights of disabled children, such as capacity-building programmes for care professionals and parents in Jordan and Oman, and support to strategies for children with disabilities in Serbia and Uzbekistan.

179. As part of its global resource development, UNICEF prepared a handbook on legislative reform in favour of children. This will support the effective implementation of the Convention on the Rights of the Child and Convention on the Elimination of all Forms of Discrimination against Women by providing guidance on the adoption of appropriate legislative measures, budgets, and social policies in conformity with international human rights instruments.

B. Gender mainstreaming and equality

180. UNICEF-assisted country programmes continued to promote gender equality as a cross-cutting element of all programme components and supported specific initiatives aimed at advancing girls' and women's rights.

181. In addition to the *State of the World's Children 2007*, UNICEF supported studies on gender issues or efforts to collect gender-disaggregated data in a range of countries, such as studies on poverty and gender in Bangladesh, on gender-based violence in Zimbabwe and the study entitled *Gendering the Tsunami: Women's Experiences from Sri Lanka*. UNICEF continued to promote the development of indicators and tools for the collection of gender-disaggregated data, as in the education sector in China and with the National Statistics Office in the Dominican Republic.

182. The focus on promoting appropriate legislative environments continued, with UNICEF providing support for the development of national gender guidelines, policies or legislation in a number of countries. Results included the drafting of a new National Women's Bill in Gambia and legislation to combat domestic violence and/or other forms of violence against women in Ecuador, Ghana, Mongolia and Zimbabwe.[4]

183. UNICEF also supported training on gender mainstreaming for partners. In Iraq, for example, UNICEF and the United Nations Development Fund for Women (UNIFEM) supported the training of 30 ministerial staff. UNICEF is developing a learning package on integrating children's and women's rights for use by field staff and partners, aimed at strengthening capacities for translating the links between children's and women's rights into action.

184. UNICEF made progress on addressing its own performance on gender. As planned in the MTSP, an external evaluation of gender policy in UNICEF was initiated and included self-assessments in selected offices. This evaluation will provide a major input for UNICEF efforts to integrate gender issues in all its work.

185. Within the United Nations system, UNICEF continues to play a significant role in promoting greater accountability for gender equality and women's empowerment at the UNCT level and through the United Nations Development Group (UNDG). As a follow-up to a 2005 study on gender equality in CCAs and UNDAFs, UNICEF and UNIFEM are launching an action learning process through which UNCTs in "One United Nations" pilot countries will support the capacities of national partners. United Nations agencies also continued to strengthen joint reporting to the Committee on the Elimination of Discrimination against Women.

C. Results-based planning and management

186. UNICEF made further progress in developing its results-based management systems and approach, including through the use of the MTSP and its results framework at the global level; and through country programmes that are derived from the UNDAF results matrices as a part of joint programming with national authorities. The process of identifying, testing and reporting on the 2006-2009 MTSP results indicators, together with enhancement of the evaluation function, has further strengthened the results-based approach.

187. The MTSP hierarchy of key result areas, organizational targets and indicators provides an enhanced framework for assessing UNICEF contributions to partnerships and national results, based on agreed interventions that are supported through programmes of cooperation. UNICEF guidelines have been revised to enable improved results-based field reporting on key indicators included in the MTSP. Results-based management was also emphasized through the use of results matrices and the revised common UNDAF guidelines.

188. Guidelines and design features for the Programme Manager System and the Programme Information Data Base were revised to enable mapping of UNICEF planned and actual expenditures based on the MTSP results framework, as well as the UNICEF contribution to various Millennium Development Goals. The mapping and aggregation of programme outputs remains more challenging, given the wide range of issues affecting children's rights and corresponding variations in programme design between countries and regions.

189. *MTSPInfo* was developed in 2006 as a data base system for monitoring UNICEF corporate performance and indicators for the MTSP focus areas and the Millennial Goals. The Business Information System has been modified to enable managers to rapidly track progress of key operational indicators in finance, programme expenditure, human resources, audit and donor reporting.

190. Reviews of the application of results-based methods in UNICEF during 2006 recommended strengthening in some areas, including greater analysis of critical assumptions and risks; further use and, where possible, standardization of results indicators; and increasing the capacities and accountabilities of staff for results-based management.

D. Generation and use of knowledge, including good practices and lessons learned

191. UNICEF began to strengthen its knowledge function and systems for generating lessons learned. The initial emphasis is on country-level experience from implementation in the MTSP focus areas. Preparations for developing an improved knowledge management system included a concept note, convening of consultative groups and development of improved criteria for identifying, analyzing and documenting innovations and good practices.

192. Some UNICEF field offices have also begun developing improved knowledge management strategies. These aim to streamline existing mechanisms to better position UNICEF as a knowledge resource on children for national partners, drawing on existing programme information and child-focused research.

193. UNICEF continues to utilize knowledge and lessons learned obtained from country office annual reports, mid-term reviews, country programme evaluations, UNDAFs and studies. Knowledge from these sources is disseminated through internal and external print and web-based publications, following assessment by technical staff as needed. Country-specific knowledge is used by partners in developing programmes of cooperation. Evaluations are assessed and disseminated through the global evaluation and research database. The Innocenti Research Centre continues to produce a wide range of research publications.

194. In 2006, UNICEF introduced new web-based tools for improved communication and knowledge sharing on the issues of United Nations reform, aid effectiveness and knowledge management. Additional knowledge-sharing tools are planned to support policy research and child-focused advocacy. UNICEF is also working closely with other agencies on implementing knowledge management strategies and has engaged with leading research institutions on issues of social protection policies for children, child poverty and budgets.

E. Strengthening evaluation

195. The evaluation function is organized around six key approaches in line with the MTSP:

(a) *Strategic choice of influential global evaluations*: Of 18 strategic evaluative areas identified in the MTSP for 2006-2007, progress has been made on 11;

(b) *Organizational performance evaluations* covering human resources management, supply and partnerships with civil society were completed and fed directly into the Organizational Review. UNICEF also participated in the 2006 Multilateral Organization Performance Assessment Network exercise;

(c) *Country programme evaluation and real-time evaluation (funded by DFID)*: UNICEF completed a real-time evaluation in Niger and led an inter-agency real-time evaluation in the Horn of Africa. A guide to country programme evaluation was completed based on five year of experience. The United Nations Evaluation Group reviewed the "evaluability" of UNDAFs;

(d) *Independent assessment of the response to the Indian Ocean tsunami*: a synthesis evaluation report was completed and a multi-year plan was prepared for evaluations to 2008. UNICEF co-sponsored the Tsunami Evaluation Coalition;

(e) *Strengthening evaluation capacity in UNICEF*: ratings of country office evaluations showed that report quality has risen about 25 per cent since 2003. Direct capacity-building efforts were constrained by limited funds, but improved recruitment decisions have led to better-qualified candidates being hired for monitoring and evaluation positions. Tracking of the implementation of evaluation recommendations was tested;

(f) *Providing intellectual leadership and contributions to evaluation networks*: UNICEF again was a major contributor to the United Nations Evaluation Group in 2006, especially to the definition of competencies for evaluators; basic training in evaluation; joint evaluations at country level (including the evaluation of development performance, led by South Africa); and evaluation associations and networks.

IV. Organizational performance

196. In early 2006, a comprehensive Organizational Review of UNICEF was initiated, conducted by external consultants and supported by a small secretariat. Through an extensive process of diagnosis and dialogue within the organization and with key partners, the Organizational Review identified critical success factors and

the strengths and weaknesses of UNICEF in terms of programme and management effectiveness. The review also assessed the capacity of UNICEF to carry out its mandate for children against the background of external trends, including the United Nations coherence process and the emergence of new potential for partnerships. The Organizational Review drew extensively on other concurrent management initiatives, incorporating their major findings into its overall diagnosis. Staff consultation and involvement was facilitated through steering and reference groups and an interactive website.

197. The analysis of the review confirmed the continuing critical role of UNICEF around the world, but also identified the need for change in UNICEF approaches to programme development and strategy, technical assistance, resource mobilization and allocation, and partnerships. The review's recommendations emphasized the importance of knowledge, innovation and learning to enable UNICEF to fulfil its role as a leader for children worldwide. Management practices and business processes were also found to be in need of extensive reform and updating. Implementation of the recommendations, most of which will take place over the next biennium, will require significant changes in the structure, staffing and systems of UNICEF. A small unit has been established to provide impetus to and monitor the change processes which will be happening at all levels and in all locations of the organization.

Programme management

198. Most of the key programme management indicators for the MTSP showed improvements or were stable in 2006. There has been a steady increase in the number of country offices with updated emergency preparedness and response plans (88 per cent in 2006). The timeliness of donor reporting also continued to improve, with an estimated 74 per cent of field reports submitted on time in 2006. Greater use of internal quality-control mechanisms has improved the overall quality of donor reporting.

199. The MTSP aims for UNICEF to give wider support to countries for assessing the availability of essential commodities for children and to assist them to address shortages. UNICEF assisted 20 per cent of programme countries to plan to address shortages of essential commodities for children in a scaled-up manner. New guidance was developed and good examples were documented to support acceleration in this area in 2007 and beyond.

200. An independent review of the quality of 17 CPDs submitted to the Executive Board in 2006 indicated that 47 per cent fully met the "SMART" criteria (specific, measurable, attainable, realistic, timely) and a further 41 per cent were as assessed as adequate. The review found great alignment of the CPDs with UNDAF outcomes and the MTSP, and a strong application of the human rights-based approach to programming, but also room for improvement and a need for more consistency in the application of results-based management and gender mainstreaming approaches. Programme instructions were issued to promote further acceleration by field office of gender reviews with national partners.

Table 1. **Key programme management performance indicators**

Indicator	2004	2005	2006	MTSP target for 2009
% country offices with annually updated emergency preparedness/response plan	81%	85%	88%	100%
% new CPDs referring to observations of Committee on the Rights of the Child and/or Committee on the Elimination of Discrimination against Women	77%	89%	91%	100%
% donor reports submitted on time	62%	71%	74%	85%
% Governments assisted by UNICEF to produce a plan to address the availability of essential commodities for children in the country	n.a.	14%	20%	75% of LDCs
Policy and Procedure Manual with annually updated developments in United Nations reform, joint programming and emergency preparedness/response	Achieved			Annual updates
% countries where a gender review and/or self-assessment been conducted of the current UNICEF-assisted country programme	n.a.	13%	27%	2007: 30% 2009: 70%
% of new country programme documents independently assessed as adequate or better using SMART criteria	n.a.	n.a.	88% (47% assessed as good or better; 41% as adequate)	2007: 90% 2009: 100%
% of programme funds expended on annual work plans which are jointly financially supported by one or more other United Nations agencies	n.a.	n.a.	3.3%	
% of total income that is thematic funding	8%	21%	11%	15%
% programme evaluations rated satisfactory or better, based on United Nations standards*	85%	82%	n.a.	80%
% evaluations with a formal management response**		79%	93%	75%

n.a. = not available; data were not collected on this indicator in previous years.

* Data for 2004 and 2005 include adjustments to reflect evaluations that were received in the later part of 2006.

** Includes MTSP evaluations, evaluations conducted by the Evaluation Office and other corporate evaluations; does not include country-level evaluations.

Source: UNICEF headquarters divisions and country office reports.

Operations management

201. There was marked progress in 2006 towards achieving MTSP targets on operations management. Significant progress was made in systems development and in adopting new technology. The ratio of management/administration/programme support costs to total regular resources and other resources declined from 19.7 percent in 2004 to 14.3 per cent in 2006, improving on the MTSP target of 18.7 per cent. Substantial improvements were also recorded in the percentage of cash assistance to Governments outstanding for more than nine months, from 8 per cent in 2004 to 2 per cent in 2006, against the MTSP target of 5 per cent. The proportion of audit observations closed by the middle of the following year stayed at earlier levels of about 65 per cent. However, by December 2006 the proportion of observations closed had increased to approximately 87 per cent, compared to 86 per cent in the previous year, indicating a consistent level of attention to risk management.

202. UNICEF was a strong participant in United Nations management reform, actively engaging in discussion of issues relating to the adoption of International Public Sector Accounting Standards by 2010. UNICEF worked with other UNDG Executive Committee agencies towards creating one standard set of financial regulations and rules to facilitate joint activities. UNICEF continued to work with UNDP and UNFPA on proposals for the presentation of the biennial support budget in a results-based format.

203. Human resources management proceeded as planned. Partnership with the United Nations Secretariat and UNDG Executive Committee agencies on inter-agency mobility and staff exchange was strengthened. Recruitment campaigns were conducted to address human resources requirements for the MTSP, particularly for focus areas 3 and 5. Investments in technology contributed to improving recruitment. The proportion of recruitment for regular posts completed within 90 days increased from 17 per cent in 2005 to 44 per cent in 2006, and for emergency posts from 55 to 60 per cent. The latter figure covers fixed-term appointments only, and does not include the UNICEF surge capacity, which consists of internal redeployment of staff, external recruitment of consultants and stand-by arrangements with partners.

204. Although the total funds invested in staff learning have remained relatively stable, there was a decline in percentage terms relative to staff costs (from 1.4 per cent in 2004 to 0.92 per cent in 2006). However, the use of blended learning in more cost-efficient ways ensured that large numbers of staff undertook training during the year. A total of 7,114 staff completed various learning programmes in 2006, with over 6,000 using self-learning or e-based approaches. Of particular interest was UNICEF collaboration with leading universities and think-tanks for increasing skills in policy analysis to promote the child-related Millennium Development Goals, including with the University of Maastricht. Some 103 government and UNICEF staff completed a course on Marginal Budgeting for Bottlenecks in scaling up health and nutrition interventions in collaboration with the World Bank. Over 300 staff completed a course on work in emergencies. Partnerships were also initiated for future learning with other leading academic and research institutions.

205. UNICEF continued to procure vaccines for 40 per cent of the world's children, ARVs for 49 countries and remains one of the largest buyers of ITNs and therapeutic food for children and infants. Over 10 million children went back to

school in 2006 with the support of UNICEF educational supplies. UNICEF assisted 60 countries to respond to emergencies through the timely supply of essential commodities. UNICEF provided procurement services to Governments and other partners to supply essential commodities for children and their families. In 2006, the value of all procurement services transactions totalled $449 million (excluding freight), an increase from $287 million in 2005. Commodities were shipped to 97 countries. Fifty-five per cent of orders were delivered at port of entry at or within agreed upon target arrival dates in 2006, against 64 per cent the previous year. The apparent decline is due to the tightening of the parameters for the calculation, aiming at greater efficiency. Some 86 per cent of rapid response supply orders were delivered within 48 hours of sales order release, compared to 85 per cent in 2005. The Supply Division started the International Organization for Standardization (ISO) certification process in 2006, aiming at 2008 for completing the process of establishing a quality management system.

206. United Nations reform provides a major opportunity to procure supplies for children and their families faster, better and at affordable cost. UNICEF maintains a very close working relationship with United Nations agencies in the area of supplies, in particular with the Joint Logistics Centre and selected NGOs, the World Bank and the private sector.

207. UNICEF strengthened its information technology (IT) systems to enable implementation of the harmonized approach to cash transfers, UNDG standards for results-based annual work plans and progress reports, UNDAF common reporting mechanisms and reporting on joint programmes. Achievements also included the enhancement of emergency preparedness and response capacity, particularly in building the collaborative framework, procedures and infrastructure necessary for UNICEF to undertake the IASC cluster leadership role in data communications for humanitarian response, together with direct support of the CCCs. The telecommunication infrastructure was enhanced to support other United Nations agencies in emergencies.

208. DevInfo enhancements continued in 2006 with the release of *Emergency Info*, which includes adherence to international standards in the areas of indicator definition, bibliográphical references and mapping. UNICEF also strengthened its internal IT performance, achieving a global network connectivity of above 98 per cent for all regions.

Table 2. **Key operations management performance indicators**

Indicator	2004	2005	2006	MTSP target for 2009
Management/administration/programme support costs to total regular resources and other resources	19.7%	15.3%	14.3%	18.7% as from 2007
% of allocated regular resources for programme expended at end of year	91%	93%	93%	95%
% outstanding cash assistance to Government of more than nine months	8%	3%	2%	5%
% of audit observations closed by 1 July of following year	82%	66%	65%	90%
Headquarters supply achievement of ISO 9000 in contracting and quality assurance services			Process initiated	
Value of country procurement services (millions of United States dollars)	$223	$287	$449	$500
% orders delivered at port of entry at or within agreed target arrival dates	74%	64%	55%*	80%
% rapid response orders shipped within 48 hours of sales order release		85%	86%	80%
% recruitment for regular posts completed within 90 days		17%	44%	100%
% recruitment for emergency posts completed within 90 days		55%	60%**	To be determined
% performance assessment reports signed by all three parties by February of following year	n.a.	n.a	51%	100%
% total staff costs spent on learning and staff development		1.4%	0.92%	3%
% of staff who spent more than 10 days on planned learning		36%	40%	50%
Number of staff successfully completing learning programmes at following levels:				
- Basic			6,049	400/yr
- Programme excellence			653	300/yr
- Leadership and management			52	150/yr

* The 2006 figure reflects the tightening of the parameters for the calculation, allowing zero day tolerance.

** Fixed-term posts.

Source: UNICEF headquarters division and country office annual reports.

E. Income, expenditure and resource mobilization

209. **Income**. Total income to UNICEF increased by 1 per cent from $2,762 million in 2005 to $2,781 million in 2006 and exceeded the financial plan for 2006 by $415 million or 18 per cent. This is attributable to increased contributions to regular resources and other resources-regular.

Table 3. **UNICEF income by resource type and source for 2005 and 2006**
(In millions of United States dollars)

Source of Income	*2006*	*2005*	*2006*	*Comparison to 2005*		*Comparison to Plan*	
	Actual	**Actual**	**Planned**				
	$m	**$m**	**$m**	**$m**	**%**	**$m**	**%**
Regular resources							
Government	466	469	488	(3)	-1%	(22)	(5%)
Private sector	400	289	334	111	38%	66	20%
Other	190	55	140	135	248%	50	36%
Total - regular resources	1,056	812	962	244	30%	94	10%
Other resources – regular							
Government	814	466	581	348	75%	233	40%
Private sector	260	289	178	(29)	(10%)	82	46%
Inter-organizational arrangements	50	65	108	(15)	(23%)	(58)	(54%)
Subtotal	1,124	820	867	304	37%	257	30%
Other resources – emergency							
Government	334	537	394	(203)	(38%)	(60)	(15%)
Private sector	139	586	133	(447)	(76%)	6	4%
Inter-organizational arrangements	128	6	10	122	1951%	118	1180%
Subtotal	600	1,129	536	(529)	(47%)	63	12%
Total - other resources	1,725	1,950	1,403	(225)	(12%)	321	23%
Total	**2,781**	**2,762**	**2,365**	**19**	**1%**	**415**	**18%**

Table 4. **UNICEF income by source for 2005 and 2006**
(In millions of United States dollars)

Source of income	*2006*	*2005*	*2006*	*Comparison to 2005*		*Comparison to Plan*	
	Actual	**Actual**	**Planned**				
	$m	**$m**	**$m**	**$m**	**%**	**$m**	**%**
Government	1,614	1,472	1,463	142	10%	151	10%
Private sector / non-government	799	1,165	644	(365)	(31%)	155	24%
Inter-organizational arrangements	178	71	118	107	150%	60	51%
Other	190	55	140	135	248%	50	36%
Total	**2,781**	**2,762**	**2,365**	**19**	**1%**	**417**	**18%**

210. Income to regular resources increased by 30 per cent to $1,056 million and exceeded the plan by $94 million or 10 per cent in 2006. Contributions to other resources decreased by 12 per cent to $1,725 million but still exceeded the plan by $321 million or 23 per cent. As a result, regular resources accounted for 38 per cent of total income to UNICEF in 2006, an increase from 29 per cent in 2005, and other resources accounted for 62 per cent of total income in 2006, a drop from 71 per cent in 2005.

211. The almost fourfold increase in other income to regular resources, from $55 million to $190 million, comprises in large part interest income resulting from a combination of a larger investment portfolio, more varied investment instruments and higher interest rates.

212. Receipts and disbursements of $821 million and $830 million have been administered and accounted for under various trust funds, including procurement services. These financial activities are recorded separately from those approved by the Executive Board.

213. **Total expenditure**. Total expenditure increased by 7 per cent from $2,213 million in 2005 to $2,356 million in 2006. Expenditure on programme assistance increased by $153 million (8 per cent) to $2,119 million, and combined expenditure on programme support ($142 million), management and administration ($65 million), and including centrally-shared security costs ($11 million) decreased by $8 million (3 per cent) to $218 million.

Table 5. **UNICEF expenditure for 2005 and 2006**
(In millions of United States dollars)

Nature of expenditure	*2006*	*2005*	*2006*	*Comparison to 2005*		*Comparison to Plan*	
	Actual	**Actual**	**Planned**				
	$m	**$m**	**$m**	**$m**	**%**	**$m**	**%**
Programme assistance	2,119	1,966	2,079	153	8%	40	2%
Net programme support and management and administration	218	226	295	(8)	(3%)	(77)	(26%)
Subtotal	**2,337**	**2,191**	**2,374**	**146**	**7%**	**(37)**	**(2%)**
Write-offs	7	6	5	0	4%	2	32%
Support cost reimbursement	13	15	9	(2)	(13%)	4	45%
Total	**2,356**	**2,213**	**2,388**	**144**	**7%**	**(33)**	**(1%)**

Programme assistance

214. The following tables summarize UNICEF direct programme assistance (net of programme support) in 2006 by the MTSP focus areas and by geographic regions, disaggregated by funding source:

Table 6. **Direct programme assistance by focus area**
(In millions of United States dollars)

	E-OR	R-OR	RR	Total
Young child survival and development	388.3	479.2	212.2	1,079.6
Basic education and gender equality	144.7	218.2	87.3	450.2
HIV/AIDS and children	10.0	68.5	37.9	116.3
Child protection: preventing and responding to violence, exploitation and abuse	72.6	85.6	58.4	216.6
Policy advocacy and partnerships for children's rights	52.7	55.0	125.7	233.4
Other	4.0	6.8	11.7	22.5
Total	**672.3**	**913.2**	**533.1**	**2,118.6**

E-OR = emergency other resources
R-OR = regular other resources
RR = regular resources

Table 7. **Direct programme assistance by focus area, as percentage of total programme expenditure**

	E-OR	R-OR	RR	Total
Young child survival and development	57.8%	52.5%	39.8%	51.0%
Basic education and gender equality	21.5%	23.9%	16.4%	21.3%
HIV/AIDS and children	1.5%	7.5%	7.1%	5.5%
Child protection: preventing and responding to violence, exploitation and abuse	10.8%	9.4%	10.9%	10.2%
Policy advocacy and partnerships for children's rights	7.8%	6.0%	23.6%	11.0%
Other	0.6%	0.7%	2.2%	1.1%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Table 8. **Direct programme assistance by region**
(In millions of United States dollars)

	E-OR	R-OR	RR	Total
CEE/CIS	6.8	33.0	25.6	65.3
Asia	233.0	269.6	147.3	650.0
Sub-Saharan Africa[a]	369.9	434.9	294.1	1,099.0
Americas and the Caribbean	8.3	65.1	25.5	98.8
Middle East and North Africa	48.1	72.6	26.6	147.3
Interregional	6.2	38.1	14.0	58.3
Total	**672.3**	**913.2**	**533.1**	**2,118.6**

[a] Includes Sudan and Djibouti.

Table 9. **Direct programme assistance by region, as percentage of total programme expenditure**

	E-OR	R-OR	RR	Total
CEE/CIS	1.0%	3.6%	4.8%	3.1%
Asia	34.7%	29.5%	27.6%	30.7%
Sub-Saharan Africa[a]	55.0%	47.6%	55.2%	51.9%
Americas and the Caribbean	1.2%	7.1%	4.8%	4.7%
Middle East and North Africa	7.2%	7.9%	5.0%	7.0%
Interregional	0.9%	4.2%	2.6%	2.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

[a] Includes Sudan and Djibouti.

215. The estimated shares of the focus areas in total programme assistance in 2006 were very close to the projected levels for young child survival and development (51 per cent vs. 52 per cent) and child protection (10 per cent vs. to 9 per cent). The overall shares for basic education and gender equality (21 per cent vs. to 18 per cent) and policy advocacy and partnerships for children's rights (11 per cent vs. to 6 per cent) were above the projected levels. The share for HIV/AIDS and children (5.5 per cent vs. to 14 per cent) was well below the projected level.

216. Some distortions in these estimates are believed to have arisen following the revision of the expenditure coding system and lack of experience with its use in the first year. In particular, the share for focus area 5 is almost certainly significantly overstated due to overuse of associated codes. Expenditure coding decisions will be examined closely together with field offices during the second year of the MTSP period and further guidance provided. Expenditures in focus area 5 were also boosted to some extent during 2006 due to exceptional initiatives during the year, including MICS, work on DevInfo and major training activities.

217. The decreased share for HIV/AIDS and children is believed to be due to a combination of factors: substantial integration of some activities and coded expenditures related to HIV/AIDS under other focus areas (school-based HIV prevention, life-skills education, care of OVCs, treatment delivered through integrated health services and policy analysis); a shift from direct programme spending on some commodities, such as ARVs, to procurement services (which are not reflected in these figures); a relative shift to results areas which are less financially intensive, particularly promotion of national support to OVCs; and the effects on the annual planning of UNICEF assistance of significant increases in funding support to national AIDS programmes by major bilateral agencies and global funds. The secretariat is further analysing the trends in spending related to HIV/AIDS.

218. [f]The share of programme assistance in sub-Saharan Africa exceeded 50 per cent and was 31 per cent for Asia. An estimated 85 per cent of expenditures for young child survival and development were in 60 countries with high under-five mortality rates and/or large numbers of child deaths.

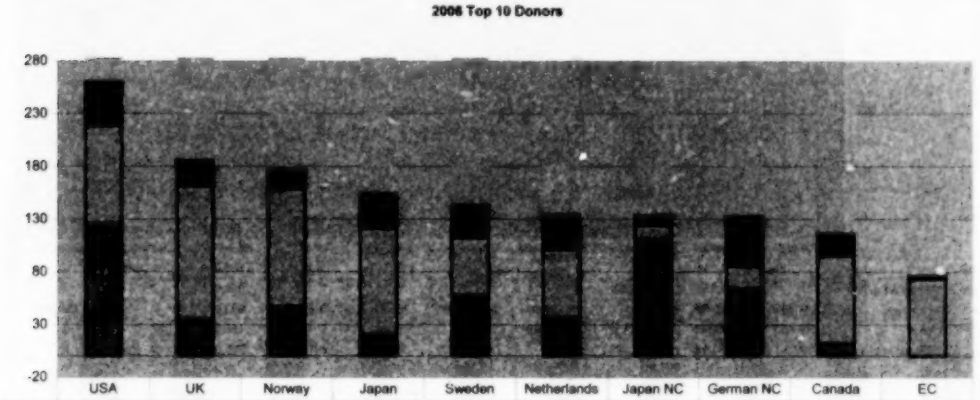
Resource mobilization

219. A total of 104 Governments, five fewer than last year, contributed to total resources in 2006. Total income from Governments, intergovernmental

organizations and inter-organizational arrangements amounted to $1,792 million, an increase of 16 per cent over 2005.

220. Private sector contributions totalled $799 million, comprising income from private sector fund-raising and contributions from NGOs. The 31-per-cent decrease in private sector contributions is mostly attributable to the post-tsunami decrease in humanitarian funding. Other resources-regular income also declined. Contributions to regular resources increased by 38 per cent from $289 million to $400 million as the focus of fund-raising shifted away from the tsunami emergency.

Figure I: **Top 10 donors to UNICEF, 2006**
(In millions of United States dollars)

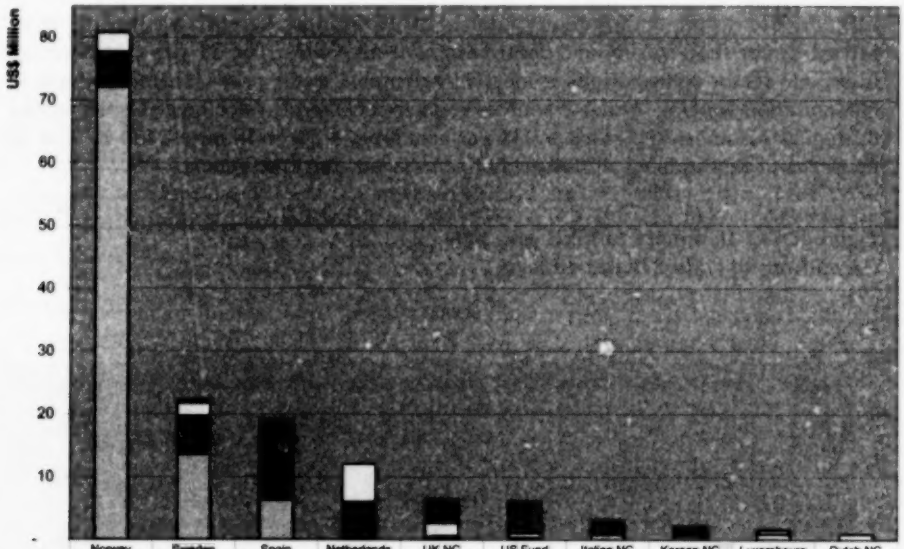


	USA	UK	Norway	Japan	Sweden	Netherlands	Japan NC	German NC	Canada	EC
Total	261	186	179	155	144	135	134	133	117	77
ORE	43	25	21	34	32	34	10	48	22	4
ORR	92	125	111	100	54	64	13	21	83	73
RR	126	36	47	21	58	37	111	64	12	0

221. The proportion of regular resources to total resources (38 per cent has improved compared to 2005 (29 per cent), but remains the same if tsunami funding is removed from the calculation. Increasing the proportion of regular resources remains a challenge for UNICEF. While government contributions to regular resources of $466 million in 2006 saw a slight decrease in comparison to 2005, the increase in regular resources contributions from the private sector and "other income" resulted in overall growth of regular resources income of 30 per cent over 2005. UNICEF continues to emphasize to the donor community that a predictable and growing flow of regular resources enables it to maintain the strong base of programmes and presence globally, required for fulfilling its mandate and achieving results for children.

222. Thematic funding (excluding humanitarian thematic) increased by 40 per cent over 2005 levels, with the largest increase for child protection. Twenty Governments and 34 National Committees provided thematic funding for the MTSP focus areas and the humanitarian thematic pool. The private sector mobilized 34 per cent of the overall thematic funds in 2006.

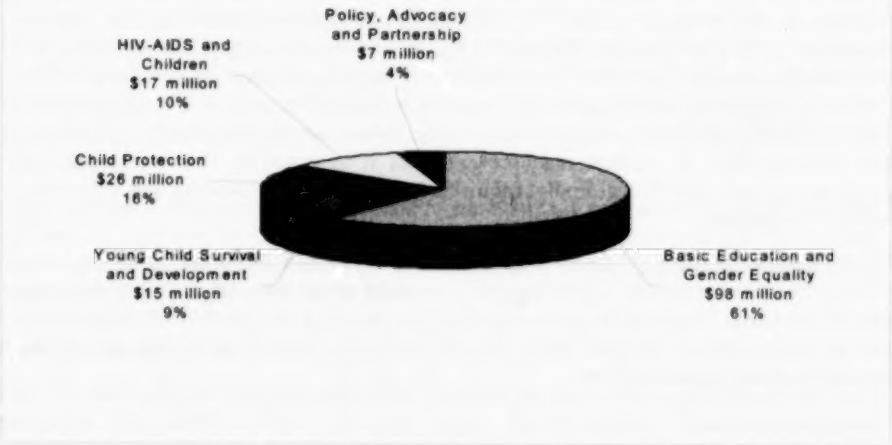
Figure II. **Top 10 donors to MTSP thematic funds, 2006**



	Norway	Sweden	Spain	Netherlands	UK NC	US Fund	Italian NC	Korean NC	Luxembourg	Dutch NC
YCSD		381,944			3,822,530	5,013,256	1,880,855	850,000	710,898	
Policy, Advocacy & Ptnshp		218,254	6,345,200					300,000		
HIV-AIDS&Children	3,044,200	2,032,468		6,024,000	2,033,956	705,455	336,074	200,000		932,453
Child Protection	5,573,400	6,090,585	6,345,200	6,024,000	243,275	28,242		150,000		
Basic Education&Gender	72,129,220	13,590,139	6,345,200		352,642	342,484	867,928	600,000	947,864	

223. Thematic contributions remain the most preferable type of other resources because they provide flexibility and enable lowering of costs associated with transaction processing and reporting of contributions, while facilitating the achievement of results.

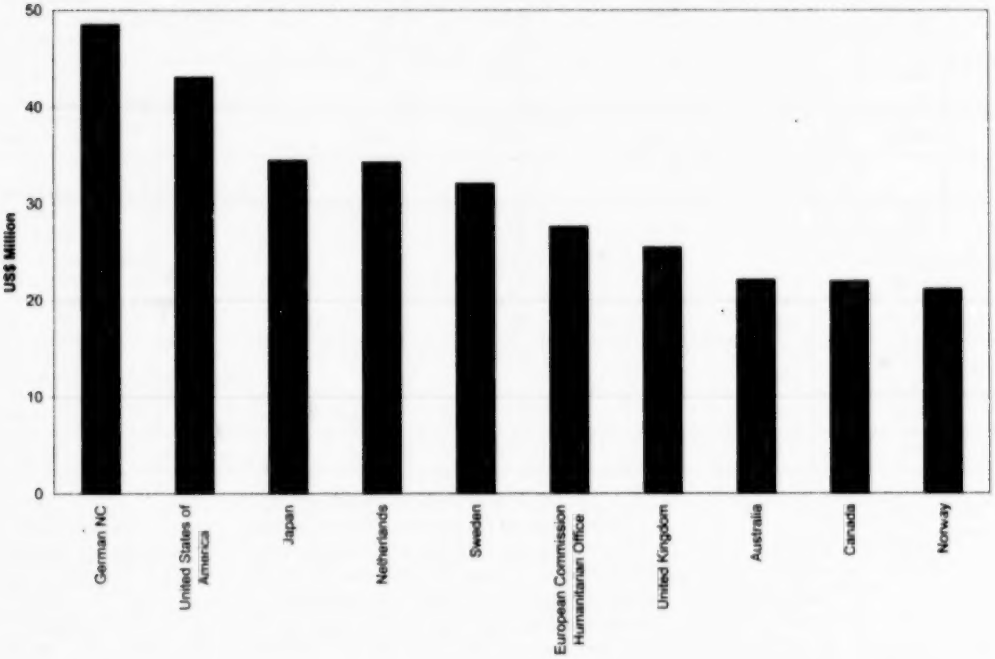
Figure III. **Thematic funding for MTSP focus areas, 2006**


Policy, Advocacy and Partnership $7 million 4%
HIV-AIDS and Children $17 million 10%
Child Protection $26 million 16%
Young Child Survival and Development $15 million 9%
Basic Education and Gender Equality $98 million 61%

224. UNICEF continues to welcome thematic humanitarian funds, which underscore donors' commitment to the Good Humanitarian Donorship principles and allow UNICEF to programme more responsively, based on country and global priorities. Of the total 2006 emergency funds of $601 million, $144 million (24 per cent) was thematic funding.

225. Overall, UNICEF sought a total of $1.2 billion in 2006 for humanitarian interventions. As in previous years, flash appeals attracted more donor attention and were better funded than CAPs, with 77 per cent funded compared to 47 per cent. Just half of the CAPs reached the 50 per cent funding mark in 2006.

Figure IV. **Top 10 donors to humanitarian funds, 2006**
(In millions of United States dollars)



226. In addition to more traditional channels of funding for humanitarian activities, UNICEF received substantial emergency other resources in 2006 from new modalities such as multi-donor trust funds and the CERF. In 2006, UNICEF emergency programmes received $60 million in pooled funding for humanitarian activities in Democratic Republic of the Congo and Sudan and CERF grants in the amount of $52 million. Twelve countries facing rapid-onset emergencies and 12 countries with underfunded crises received CERF grants. With the exception of National Committees for UNICEF, the principal donors to overall UNICEF income are the same as the principal donors to the CERF pooled funding mechanism.

227. 2006 was another important year for building public-private partnerships, particularly for global health. Among the major contributors to UNICEF were the United Nations Foundation ($30.7 million), the Micronutrient Initiative ($10.5 million), the Global Fund to Fight Aids, Tuberculosis and Malaria ($13.7 million), the Global Alliance for Improved Nutrition ($0.9 million), Rotary International ($4.3 million) and GAVI ($4.2 million). These partnerships not only brought important financial resources but also contributed to leveraging further funding support for children. Dialogue continued with other key partners such as the Gates Foundation, the Hilton Foundation and the Clinton Foundation and should pave the way for further cooperation in 2007 on child survival and related initiatives.

Annex

Programme expenditure in 2006 for countries classified according to gross national income and under-five mortality rates[a]

	Child population in 2005 (In millions)	Child population (Percentage of total)	Number[b] of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Cents per child (US cents)
Country grouping based on 2005 GNI						
Low income, Total	1,019	52%	53	1,445	64%	142
(Low income, excluding India)	*599*	*31%*	*52*	*1,330*	*59%*	*222*
Lower middle income	769	39%	50	522	23%	68
(Lower middle income, excluding China)	*416*	*21%*	*49*	*502*	*22%*	*121*
Upper middle income	173	9%	21	83	4%	48
Total for countries	1,961	100%	124	2,051	91%	105
Total for global and other regional funds				210	9%	
Grand Total	1,961	100%	124	2,261	100%	
Country grouping based on 2005 U5MR						
Very high U5MR	262	13%	25	734	32%	280
High U5MR, Total	751	38%	35	817	36%	109
(High U5MR, excluding India)	*330*	*17%*	*34*	*702*	*31%*	*213*
Middle U5MR, Total	806	41%	38	368	16%	46
(Middle U5MR, excluding China)	*453*	*23%*	*37*	*348*	*15%*	*77*
Low U5MR	131	7%	26	132	6%	100[c]
Total for countries	1,950	100%	124	2,051	91%	105
Total for global and other regional funds				210	9%	
Grand Total	1,950		124	2,261	100%	
(of which LDCs)	371	19%	45	1,072	47%	289

[a] Low income = GNI per capita of $875 or less
Lower middle income = GNI per capita between $876 and $3,465.
Upper middle income = GNI per capita between $3,466 and $10,725.
Very high U5MR = over 140 under-five deaths per 1,000 live births
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.

[b] Pacific, Caribbean and CEE/CIS multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.

[c] Higher cents per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.